

## 2026 Nicholas Holmberg Memorial Scholarship

### Application Guidelines

#### Scholarships Available

The 2026 Nicholas Holmberg Memorial Scholarship offers two scholarships of \$1,500 each to students who are or will be studying toward an undergraduate degree, diploma, or certificate at a Canadian university or college.

#### Eligibility

You are eligible to apply for a Nicholas Holmberg Memorial Scholarship if:

- (a) You are a youth (under the age of 30 years old at time of application) currently residing in Abbotsford, BC.
- (b) You will be a full-time student (taking a minimum of 9 course credits) for at least one year at a recognized college, university or trades program within Canada which is authorized by law to grant degrees, diplomas, or certificates in the next year.
- (c) You have a contribution of at least 20 hours of volunteer service in the community.



- (d) You must be available to attend our Annual AHGSS Scholarship Award Night on the evening of **June 18, 2026** at Matsqui Auditorium in Abbotsford, BC to accept and receive your Scholarship letter and certificate.

### **Selection Criteria**

The following criteria are applied in the selection of scholarship recipients. Each criterion is weighted relative to the order listed below:

- (a) A contribution of at least 20 hours of volunteer service in the community, with a reference letter from place of volunteering.
- (b) Financial need (Part 2 of the Application). Completion of this section helps the selection panel understand your financial circumstances and may be taken into consideration when determining the scholarship amount awarded.

### **Application Requirement**

- 1. A complete application form. Partial applications will not be accepted.
- 2. An accompanying letter of no more than 1000 words written by you, describing why you should be a recipient of the Nicholas Holmberg Memorial Scholarship. Your letter should include information on:
  - a. Your academic achievements, including awards and honorariums
  - b. Goals/hopes for future education
  - c. Information on how this scholarship will benefit you and how you plan to use it.
- 3. An up-to-date proof of enrollment document or acceptance letter from the college or university you hope to attend in the upcoming school year. If you do not have this at the time of application, you can provide one afterwards in person or by email, by June 1, 2026.
- 4. A reference letter from place of volunteer work (if volunteering outside of AHGSS).
- 5. One high-quality headshot photo – preferable high school graduation photo if available, sent along with the application in a JPEG format.

### **Submission of Application**

Submit ALL items 1 through 5 of the Application Requirements by email to:

[scholarships@abbotsfordhospice.org](mailto:scholarships@abbotsfordhospice.org) or drop-off in person at Abbotsford Hospice & Grief Support Society at 32780 Marshall Road, Abbotsford, BC, V2S 1J7.

### **Deadline for Submission**

Complete applications must be submitted by **April 30, 2026** at 11:59pm by email or hand delivered in person to the front desk at AHGSS by April 30, 2026. Applications received on or after May 1, 2026 will not be accepted.

**Decisions:**

Scholarship applications will be evaluated by our AHGSS Scholarship Committee, following which the board will select scholarship recipients. **Recipients will be notified by both email and phone call by May 5, 2026.** Scholarship awards with decision letter (including amount awarded) will be given out at AHGSS's Annual Scholarship Award Ceremony on June 18, 2026 which recipients are required to attend.

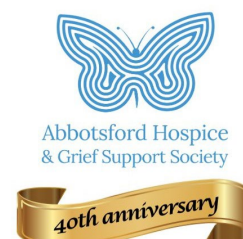
**Payment of Scholarship Grants:**

Each scholarship grant will be paid directly to the university or college being attended by the recipient. \*Please note that your scholarship funds will be sent directly to your post-secondary institution and applied to your student account once you have officially begun your program. To remain eligible, you must be enrolled and actively attend a full-time course load for the semester in which the scholarship is awarded. Please note that if you withdraw from your courses or discontinue your studies during that semester, the scholarship may be revoked, and funds returned to the Abbotsford Hospice & Grief Support Society.

**Please notify AHGSS Finance Department as soon as possible if you plan to change or transfer the post-secondary institution listed on the application as this will impact payment.**

**Use and Protection of Personal Information:**

We may publish the names, biographies, and photographs of scholarship recipients on our website and in promotional material or other information released to the public relating to the Nicholas Holmberg Memorial Scholarships. All personal information obtained by AHGSS is for the evaluation of applications for the Nicholas Holmberg Memorial Scholarships only and will be protected in accordance with the Personal Information Protection and Electronic Documents Act.



**2026 Nicholas Holmberg Memorial Scholarship Application**  
**Part 1**

**Personal Information**

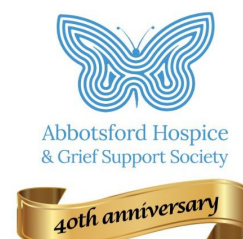
Surname:	Legal First Name:	Initial or Middle Name:
How do you wish to be addressed: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Date of Birth (Year/Month/Day):	Canadian Social Insurance Number:

**Permanent Address**

Street:	City:	Province/Territory:	Postal Code:
Home Phone:	Cell Phone:	Email Address:	

**Educational Institute**

Name of Educational Institution from Which You Most Recently Graduated or are Currently Attending:		Status of Study: <input type="checkbox"/> Attending <input type="checkbox"/> Graduated	
Name of College or University to Which You Have Been Accepted as a Student in the Upcoming Semester:			
Street:	City/Town:	Province/Territory:	Postal Code:
College/University Student Number:	Currently a student?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Graduation:	
Program of Study:	Career Goal:		



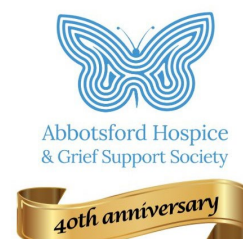
### Our Commitment to Your Privacy

AHGSS is committed to protecting the privacy of information you share with us. The information you provide in this form will be used solely to process your application for a scholarship and will remain strictly confidential.

## 2026 Nicholas Holmberg Memorial Scholarship Application Guidelines

**Part 2: Financial Information:** Please fill out to the best of your knowledge

A: EDUCATIONAL EXPENSES AND FUNDING			
Expenses	\$CND (Nearest \$100)	Sources of Funding	\$CND (Nearest \$100)
Tuition Fees		Scholarships / Bursaries excluding BCF Scholarships	
Residence or Rental Accommodation Costs		Personal Savings	
Living Expenses		Parents / Family Contribution	
Textbooks		Student Loans / Grants	
Stationery / Academic Supplies		Student Loans / Grants	
Transportation		Alt. Funding:	
		Alt. Funding:	
<b>Expenses Total</b>		<b>Income Total</b>	
B: FAMILY FINANCIALS			
In the space below, please check the range for your parents' gross income as reported in last year's tax return and provide the additional information requested. This information will assist us in determining your financial need. If you do not have a legal guardian, please move on to section C.			
Guardian 1 Occupation:		Guardian 2 Occupation:	
Guardian 1 Employer:		Guardian 2 Employer:	
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$50, 00 – Under 75,000	<input type="checkbox"/> \$75,000 – Under 100, 000	<input type="checkbox"/> 100, 000 +
Total Number of Family Members Living at Home:		Total Number of Dependents in Your Family Including You:	



Total Number of Children Living at Home and age:	Number of Children Attending College / University:
<b>C: YOUTH FINANCIALS</b>	
Are you a youth in care?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a youth on a Youth Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the Provincial Tuition Waiver Program?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be accessing this program? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the Youth Futures Education Fund?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be accessing this program?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the Agreements with Young Adults Program?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be accessing this program?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Wherever possible, provide copies of receipts, invoices and tuition waivers bearing your name or that of you guardian(s)/parents(s).

By signing below, I consent to the use of my name, biography and photograph by AHGSS or its agents or sponsors, in all promotional material or other information released to the public relating to the AHGSS Scholarships if I am granted a scholarship.

Name (Printed): \_\_\_\_\_ Signature \_\_\_\_\_  
Date: \_\_\_\_\_

I certify that I am or will be a full-time student and that the information given above is accurate and complete and understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the AGHSS Scholarship Committee Panel, that all decisions are final, and a scholarship will only be granted to me if I am enrolled as planned in an accredited Canadian university or college; and that such funds will be disbursed to the Scholarships and Awards Office of my university or college.



### **Applicant Responsibilities and Remediation**

If the applicant does not meet the required criteria during the school year, AHGSS reserves the right to request reimbursement of funds from either the educational institution or the applicant. The applicant will have a period of 14 days from the start of the relevant school semester to address and remedy any identified issues. Each situation will be carefully reviewed by the AHGSS staff panel to ensure fairness and transparency. In the event of a breach, AHGSS will promptly contact the applicant via email and phone to discuss available options for resolution, which may include corrective actions or repayment arrangements.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_