



# Battle River Community Foundation

## Joni Bergstrom Endowment Fund Scholarship

### Application Form

(Closing Date for Applications: June 16)

#### Identification & Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent/Family Address: \_\_\_\_\_ City: \_\_\_\_\_  
(House and Street or Box Number)

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
(if different from above)  
(House and Street or Box Number)

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Education

High School Attended for Grade 12: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

University at which you are studying nursing: \_\_\_\_\_ Year of Study: \_\_\_\_\_

#### Supporting Information

- ☐ Copy of High School Diploma or other confirmation of graduation
- ☐ Confirmation of enrollment in an accredited nursing program
- ☐ Personal statement of 500 words or less with any other information you would like to express to the awarding committee (Optional)
- ☐ If awarded this scholarship, I agree to the use of my name and picture for Battle River Community Foundation publicity purposes.

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

*Personal information on this form is used only for the selection and administration process for the Joni Bergstrom Endowment Fund Scholarship. Questions about the collection and use of information collected should be directed to the Executive Director of the Foundation.*

Questions may be directed to the Battle River Community Foundation  
phone: 780-679-0449 email: [ed@brcf.ca](mailto:ed@brcf.ca)

This form and any supplementary information are to be submitted by mail:

**Battle River Community Foundation**

**Box 1122**

**Camrose AB T4V 4E7**

or by email:

[ed@brcf.ca](mailto:ed@brcf.ca)