

# Cornerstone Co-op Spirit of Youth Scholarship EAST CENTRAL ALBERTA CATHOLIC SCHOOLS



## Cornerstone

The Cornerstone Co-op is offering a **\$1,000 (one thousand dollars)** scholarship to a high school student(s) that attends ECACS & resides in our trading area.

The scholarship recipient is chosen by the Community Engagement Committee based on the following Criteria:

- **Academic Final Marks-** 40%
- **Community Involvement-** 60%
  
- **Tie Breaking Criteria:**
  - Support of Cornerstone Co-op, and
  - Current or prior employment with Cornerstone Co-op

To qualify for consideration by the committee, interested students must submit the following:

- **OFFICIAL** High School Transcripts of final marks – failure to provide official transcripts will lead to the cancellation of your application.
- Reference letter from Principal or Guidance Counsellor for your school
- Reference letter from Organization regarding Number of Volunteer Hours
- Official confirmation of enrolment in a post-secondary institution (to the Cornerstone Co-op Scholarship Committee to the below address.)
- A short, typed essay (maximum two pages) describing
  - Personal Background
  - Work Experience
  - Community Volunteer Activities
    - Position of responsibility
    - Years of involvement
    - Impact on the Community
  - How has Cornerstone Co-op impacted your life?

The completed form should be returned to Cornerstone Co-op Administration Office, in VERMILION by **August 30, 2024** or mail to:

**ATTN: Spirit of Youth Cornerstone Co-op Scholarship  
5008 51 Ave Vermilion, AB T9X 2B3**

**Cornerstone Co-op Spirit of Youth Scholarship  
EAST CENTRAL ALBERTA CATHOLIC SCHOOLS**



**Cornerstone**

Name of Applicant: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Cornerstone Co-op Number: \_\_\_\_\_ Phone Number of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

High School Attended: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Post-Secondary Institution Attending: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Expected start Date: \_\_\_\_\_

Certificate/Diploma/Degree Expected: \_\_\_\_\_

_____ Signature of Applicant	_____ Date
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