



2017 "PERSEVERE" SCHOLARSHIP APPLICATION

The Looking Glass Foundation awards this \$2,500 scholarship to someone who demonstrates a need for financial assistance in reaching his or her academic goals. This recipient will also receive the Elise Skoglund Bursary.

CONTACT INFORMATION:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ BC Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

PLANS & ACTIVITIES:

- 1. What post-secondary institution are you planning to attend?
2. What is your intended area of study?
3. Please list any extra-curricular activities you have been involved in:
4. Briefly, please describe your long term plans:
5. Briefly, please describe your financial need:
6. How did you hear about our Scholarship Program?
7. Have you participated in any Looking Glass programs? (PLEASE NOTE: This question will not be considered by the Scholarship Committee when selecting Scholarship recipients.)

ESSAY QUESTION

Please attach a short essay (maximum of 500 words) describe how this scholarship will help you reach your academic goals, and what difference it will make to you personally.

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### IMPORTANT INSTRUCTIONS

To be considered, scholarship applications **MUST**:

**Include:**

- Completed Application Form
- Essay (Max. 500 words)
- Letter of Recommendation
- Verification of student enrolment
- Verification of having received treatment for an eating disorder

**Be received by July 4, 2017:**

***By Mail:***

Scholarship Committee  
Looking Glass  
Foundation  
4116 Angus Drive  
Vancouver, BC  
V6J 4H9

***Online:***

[lookingglassbc.com/scholarship/apply](http://lookingglassbc.com/scholarship/apply)

OR

[scholarship@lookingglassbc.com](mailto:scholarship@lookingglassbc.com)

**PLEASE NOTE:** Scholarship recipients will be required to provide a photograph (headshot), permit the use of their name and photo for promotional purposes, and provide their SIN number (for tax purposes).