



2019 "PERSEVERE" SCHOLARSHIP APPLICATION

The Looking Glass Foundation awards this scholarship to someone who demonstrates a strong need for financial assistance in reaching their academic goals. This recipient will also receive the Elise Skoglund Bursary of \$1000.

CONTACT INFORMATION

Name:

SIN:

Address:

City:

Province:

Postal Code:

Home Phone:

Cellular:

Email Address:

PLANS & ACTIVITIES

1. What post-secondary institution are you enrolled in?
2. What province is this institution located in?
3. What is your intended area of study?
4. Please list any extra-curricular and volunteer activities you have been involved in:
5. Briefly, please describe your financial need (you may elaborate in your essay):
6. How did you hear about our Scholarship Program?
7. Have you applied for a Looking Glass Scholarship before? Please list all years in which you applied.
8. Have you ever participated or volunteered in any Looking Glass programs? Your response will **not** affect the selection process.

ESSAY QUESTION (PLEASE ATTACH YOUR ESSAY USING WORD OR PDF - DO NOT WRITE IT ON THIS FORM)

Please **attach** a short personal essay (maximum of 500 words). Your essay should speak to your particular talents, passions, and interests, and what you hope to achieve long-term in your education and as a person free from an eating disorder. What barriers have you faced in life, and how do you show your personal strengths and resiliency? You should also speak briefly to your specific need for financial assistance in this award category.



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IMPORTANT INSTRUCTIONS

To be considered eligible, scholarship applications **MUST** be received no later than **July 5th, 2019**, and **MUST** include:

- Completed Application Form
- Essay (Max. 500 words)
- Letter of Recommendation from a non-family member
- Verification of student enrolment (copy of acceptance letter, course schedule, or email/letter from Admissions)
- Verification of having received treatment for an eating disorder (from a therapist, dietician, doctor, psychologist/psychiatrist, or inpatient/outpatient program coordinator)

You may submit your application by mail, online form, email, or fax:

By Mail:

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

Online Form:

www.lookingglassbc.com/scholarship/apply

Email:

scholarship@lookingglassbc.com

Fax:

604.737.0548

PLEASE NOTE:

Scholarship award recipients are encouraged to provide a photograph (headshot), and permit the use of their name (first name only is permitted) and photo for promotional purposes. Winners' SINs will be used for tax purposes. All personal info is stored securely on a private server, and is never shared with any outside parties.

To see how winners' names and photos are shared, please see our [Scholarship page](#).