



## 2020 "RISE ABOVE" SCHOLARSHIP APPLICATION

*The Looking Glass Foundation awards this scholarship to an individual who is making a difference through volunteering, community service, and leadership.*

### CONTACT INFORMATION

Name:

Permanent Address:

Province:

Home Phone:

Email Address:

City:

Postal Code:

Cellular:

### 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, volunteer, and community service activities you have been involved in:
5. Briefly, please describe your financial need (you may elaborate in your essay if you desire):
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 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? What makes you a good leader, and what leadership qualities do you plan to develop on your chosen school/career path? You should also speak briefly to your specific need for financial assistance in this award category.

**IMPORTANT INSTRUCTIONS**

To be considered eligible, scholarship applications **MUST** be received no later than **June 30<sup>th</sup> 2020**, 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  
#110 - 273 East 1<sup>st</sup> Avenue  
Vancouver, BC  
V5T 1A7

**Online Form:**

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

**Email:**

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

**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. 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](#).