

Thompson Nicola Area

**ANNE CAMERON BURSARY**

**CRITERIA**

 **­­­­­­**This bursary was established by the family and friends of Anne Cameron in memory and recognition of her many years of service to Guiding in Thompson Nicola Area and her love of camping and travel.

**OBJECTIVES**

* To further promote the Vision, Mission and Values of Girl Guides of Canada – Guides du Canada
* To encourage girl members to further their Guiding experiences through camping and travel
* The value of this bursary is $200.

**ELIGIBILITY**

To be eligible for this bursary, the applicant must:

* Be an active member in good standing of Girl Guides of Canada, Thompson Nicola Area
* Have been active in BC Guiding for at least two years
* Be planning, and where applicable have been accepted, to attend a large camp (for example SOAR, Guiding Mosaic, etc.) or participate in an out-of-province trip with Guiding in the next 12 months

**APPLICANTS WILL BE EVALUATED ON THE FOLLOWING:**

* Involvement in Guiding
* Experiences within Guiding
* Opportunities to participate in camping activities or travel experiences outside of Guiding



Thompson Nicola Area

**ANNE CAMERON BURSARY**

**APPLICATION FORM**

 **LATE APPLICATIONS WILL NOT BE CONSIDERED**

**APPLICATIONS MUST BE RECEIVED BY MAIL, COURIER, HAND DELIVERY OR EMAIL (FAXES WILL NOT BE ACCEPTED) AT THE FOLLOWING ADDRESS NO LATER THAN 5:00 p.m. March 31:**

Mail/Courier or Hand Delivery: Email:

 Donna Samson tnaaward@gmail.com

 #7 – 2530 Nechako Dr.

 Kamloops, BC V2E 2C9

**APPLICANT:**

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | iMIS# |
| Street Address | City | Province | Postal Code |
| Home Telephone | Cell | Email |
| Birthdate (MM/DD/YYYY) | Guiding District | Guiding Unit |

**CAMPING/TRAVEL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Camp/Trip | Duration | Destination | Total Cost to Girl |
| Sponsoring Guiding Level (if applicable) | Fundraising Activities Engaged in to date | Donations/Contributions Received to date (include donor and amount) |
| What experience(s) do you hope to gain by participating in this camp/trip |

**INVOLVEMENT IN GUIDING**

|  |
| --- |
| **Give Dates:**Pathfinders \_\_\_\_\_ to \_\_\_\_\_\_\_ Rangers \_\_\_\_\_\_ to \_\_\_\_\_\_ Other \_\_\_\_ to \_\_\_\_\_ |
| **Number of years in each branch:**Sparks \_\_\_\_ Embers \_\_\_\_ Guides \_\_\_ Pathfinders \_\_\_\_ Rangers \_\_\_ Other \_\_\_\_ |

**EXPERIENCES WITHIN GUIDING IN THE LAST TWO YEARS**

|  |
| --- |
| **Tell us about any special experiences you have had outside of normal program work. (List any awards earned, positions held, participation at national or international camps/events, participation in provincially sponsored camps such as SOAR, GUEST, etc.) Maximum 150 words** |
| **Briefly describe your most memorable experience within Guiding.** |

**EXPERIENCES AND ACTIVITIES OUTSIDE OF GUIDING IN THE LAST TWO YEARS**

|  |
| --- |
| **List, in point form, other organizations, activities you have been involved in that have provided you an opportunity to travel and/or camp and include details of the travel and/or camp (destination, duration)** |
| **Does your family travel out-of-province? If yes, what destinations have you travelled to in the last two years?** |
| **Does your family camp as part of your recreational activities? If yes, what type of camping (tent, trailer, etc) and how many nights have you spent camping outside of Girl Guides in the last two years?** |

**STATEMENT ON WHAT THIS BURSARY WOULD MEAN TO YOU**

|  |
| --- |
| **Please describe what receiving this bursary would mean to you (150 word maximum)** |

**REFERENCES**

Please provide the names of two people who **are not relatives** (one must be an adult member of Guiding) from whom the selection committee could obtain a reference.

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Telephone Number |
| Email | Position in Guiding (if applicable) |

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Telephone Number |
| Email | Position in Guiding (if applicable) |

**APPLICANT’S SIGNATURE DATE SIGNED (MM/DD/YYYY)**

|  |  |
| --- | --- |
|  |  |