# THE MFF BOB MOFFAT ACADEMIC SCHOLARSHIP

Named in honor of Bob Moffat, a longtime volunteer for the Trail Smoke Eaters at the Spud Shack and community pillar, this scholarship will be awarded to a graduating J.L. Crowe Senior who demonstrates Bob's dedication to community and volunteering, as well as academic excellence.

## APPLICANT INFORMATION

| | |
|---|---|
| Full Name | |
| Date of Birth | |
| Home Address | |
| City / Province / Postal Code | |
| Phone Number | |
| Email Address | |
| Parent / Guardian Name(s), if applicable | |

## APPLICANT PERSONAL ESSAY

Attach your personal statement to this application. The personal statement must be a minimum of 500 words and must demonstrate the following: your community engagement, volunteer experience, and dedication to the greater Trail community; personal development and accomplishments; and your intended educational or trade pathway and how this scholarship would support your educational goals.

## EDUCATIONAL / TRAINING INFORMATION

| | |
|---|---|
| Current / Most Recent School or Training Provider | |
| Graduation / Completion Date (or expected) | |
| Post-Secondary Institution / Training Provider | |
| Program / Trade / Field of Study | |
| Expected Start Date | |
| Application / Acceptance / Enrollment / Registration Status | |

| | |
|---|---|
| Estimated Tuition and Required Costs | |

## COMMUNITY INVOLVEMENT AND LEADERSHIP

List volunteer activities, community service, leadership roles, mentoring, school activities, employment, or other contributions that demonstrate character and commitment. Focus on your role, consistency and impact.

| Activity / Organization | Date(s) | Role / Contribution |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## AWARDS & RECOGNITION

_____

_____

_____

_____

_____

# REFERENCE

Please provide a minimum of 2, maximum of 3 references.

| | |
|---|---|
| Reference Name | |
| Relationship to Applicant | |
| Phone / Email | |
| Reference Letter Attached (Yes / No) | |

| | |
|---|---|
| Reference Name | |
| Relationship to Applicant | |
| Phone / Email | |
| Reference Letter Attached (Yes / No) | |

| | |
|---|---|
| Reference Name | |
| Relationship to Applicant | |
| Phone / Email | |
| Reference Letter Attached (Yes / No) | |

# APPLICANT CHECKLIST

☐ Completed application form.

☐ Personal Statement

☐ Proof of application, acceptance, enrollment, registration, or apprenticeship, where available.

☐ Most recent transcript or equivalent academic/training record.

☐ 2-3 reference letters.

# APPLICANT DECLARATION AND CONSENT

I confirm that all information provided in this application is accurate to the best of my knowledge. I authorize the MFF and Trail Alumni Association to verify application information and retain submitted materials for scholarship administration. If selected, I authorize the MFF and Trail Alumni Association to use my name, photograph, scholarship award, and education/training information for communications, including newspaper and online.

| | |
|---|---|
| Applicant Signature | |
| Date | |
| Parent / Guardian Signature, if required | |