Applications are being requested for the **Trevor Kruis Memorial Award**. The award is given to a graduating high school student from the Grand Erie District School Board who will be attending post-secondary education at the university or college level.

This memorial award is named for Trevor Kruis, a science teacher who could be described as witty with a brilliant mind, a leader for change with a passion towards social justice, equity, the environment, and global issues. Trevor was ambitious and enthusiastic with an ability to engage and motivate those around him. He was amiable, influential, and inclusive to all he encountered. He had a strong impact on the many communities he became a part of and believed that investing in the young would lead to a better and brighter future. Trevor enjoyed traveling, immersing himself in other cultures, was adventurous, and had a love for sports which he shared with others through coaching.

**Award Criteria**

Graduating students attending high schools in the Grand Erie District School Board are welcome to apply for this award.

In honour of Trevor’s work and interest in all students having a chance to succeed, students who apply will have one or more of the following attributes:

An interest in promoting change related to social justice, equity, environmental or global issues; an interest in pursuing a career in health care; may be newcomers to Canada; may have an interest in athletics; must embody some of the following characteristics: ambitious, influential, inclusive, caring, kind, empathetic, and/or adventurous.

To be eligible for consideration, applications must include the following:

* A fully completed and signed application form, including support from a representative of your school, principal, program director, instructor, or guidance counselor
* Verification of marks in final year
* Confirmation of enrollment from post- secondary institution

Award applications are to be submitted by the student and must be supported by a Faculty, Guidance Counsellor, or Coach. Only complete applications will be accepted. The University selected for post-secondary education will receive the scholarship on behalf of the successful candidate. The process of selection of recipients is confidential and final.

**This award is valued at $2,500 and is for a student who will attend a post-secondary institution in the upcoming school year. Please note that this award will not be made to a student who subsequently decides to defer their admission.**

**Please submit your completed application by Friday, June 6, 2025 at 3:00 p.m.**

Please submit your completed application and all required supporting documents by email to [info@brantcf.ca](mailto:info@brantcf.ca) with subject line: Trevor Kruis Memorial Award.

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| Surname | Given name(s) | |
| Name of High School | | |
| Post-Secondary Institute you will be attending | | |
| Course selected | | Length of Course |

**Permanent Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Name and Number | | | Apt. # |
| City | Province | Postal Code | Cell Phone |
| Personal Email Address (not HDSB email) | | | Alternate Telephone |

**This Award:** Comment on how you meet any of the attributes outlined for this award (describe one or more qualifying interests or attributes as appropriate).

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| --- |
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**Other Attributes:** Please comment on any of the following additional attributes you may have:

|  |
| --- |
| Scholastic and/or workplace aptitude  Scholastic and/or workplace achievement  Class leadership and/or participation  Community and/extracurricular involvement |

**Education/Training Goals:** (please answer each question with one or two sentences)

|  |
| --- |
| What career do you hope to pursue?  Why do you think that this is a suitable career path for you?  What education or training do you want/need to undertake to prepare for this career?  How will this Award help you achieve your educational/training goals? |

**Faculty/Guidance Counsellor/Coach Support:**

This application has the support of the following Faculty/Guidance Counsellor/Coach:

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

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Name Position

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Signature Date

Comments:

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| --- |
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This Award Application will be reviewed by a Committee external to the Grand Erie District School Board, and the Brant Community Foundation. The Selection Committee have signed confidentiality agreements, and no information will be shared.

**Parent/Guardian Consents to this Application Being Shared with the External Selection Committee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Application Submitted by:**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_