



# The Imperial Sovereign Court of the Wild Rose Social Association

P.O. Box 11394 Main Post Office  
Edmonton, Alberta, Canada T5J 3K6

[www.iscwr.ca](http://www.iscwr.ca)

## **JOHN M. KERR MEMORIAL BURSARY AWARD**

Each year The Imperial Sovereign Court of the Wild Rose grants bursary awards to students of the LGBTQ+ community in any accredited post-secondary education program within the Province of Alberta.

The Bursary Fund is supported through ongoing fundraising efforts by the Court and is managed as a separate account by the Board of the Imperial Sovereign Court of the Wild Rose.

The bursary award amounts and number awarded can vary from year to year but are generally between \$500.00 and \$750.00. Recipients of an award are notified of their successful application and are asked to be present for the presentation of the awards during the annual Coronation Ball on **August 24th, 2019**.

Applications for awards must be received no later than **Midnight, Saturday, July 6th, 2019** by the ISCWR. Applications must be complete and all requested information must be included with the application upon submission. Please send completed applications to:

**President of the College of Monarchs**  
c/o  
**The Imperial Sovereign Court of the Wild Rose**  
**P.O Box 11394 main Post Office**  
**Edmonton, Alberta.**  
**T5J 3K3**  
**Or**  
[college-rep@iscwr.ca](mailto:college-rep@iscwr.ca)

The Imperial Sovereign Court of the Wild Rose and its members thank you for taking an interest in our organization and the John M. Kerr Memorial Bursary Awards.

***Please expect a confirmation of your application within a few days of its receipt.***

# JOHN M. KERR MEMORIAL BURSARY AWARD

## *APPLICATION FORM*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

---

1. Name of educational institute enrolled at: \_\_\_\_\_

2. Name of program: \_\_\_\_\_

3. Year you will be entering and total years of program: \_\_\_\_\_ of \_\_\_\_\_

4. Final degree or accreditation anticipated: \_\_\_\_\_

5. Have you received assistance from the John M. Kerr Bursary in the past?

**YES**

**NO**

6. Please include a brief personal essay describing who you are and why you are a good candidate for this bursary.

7. Please outline your involvement in your community, including any group affiliation or extracurricular activity.

8. Do you identify with the LGBTQ+ Community?

**YES**

**NO**

9. Please provide a summary of the reasons you feel that you could benefit from assistance the award provides.

Along with your application, please provide the following:

Verification of Student Status (required)

Any reference letters you feel may enhance your application (optional)

*I hereby declare that the information given above is complete and true in every respect to the best of my knowledge at the time of completion and that this bursary is essential to enable me to continue my education. I do understand and acknowledge that the John M. Kerr Memorial Bursary is intended to further the education of LGBTQ+ students in the Province of Alberta and that I qualify to receive an award on this basis. I further agree that the money received from this bursary will be used to continue my education and if for any reason I do not continue with my education will return the full amount of the bursary. Should my application be successful, I agree to the release of my name and picture for use by the ISCWR.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019

---

Applicant Printed Name

Signature