

WALKER FAMILY – MASTER OF COUNSELLING SCHOLARSHIP

Donor: Barry and Valerie Walker
Value: \$1,000
Number: One (1)

Description of the Award

Awarded annually to students pursuing a Master of Counselling degree at Athabasca University (AU). Applicants must be in their third year of the program and be in a practicum placement that focuses on services to children or youth, either in a community, residential or Faculty setting. Individual must be displaying satisfactory performance in the practicum according to the Practicum Coordinator.

Conditions of Eligibility

An applicant must meet the following criteria to be eligible to apply for this award:

- Be a current, full time AU Master of Counselling degree program student
- Have completed the second year of the program and are in the third year of the program
- Be in a practicum placement
- Demonstrate academic excellence by achieving a program GPA of 3.8 or higher

Application Submission Deadline

February 15th

Application Instructions

Submit your application here: [Student Awards Application Submission](#) Or navigate back to the award listing to submit.

Award Notification

Successful applicants should expect to be notified within one month of the selection committee convening to choose recipients.

Questions?

Visit the Athabasca University Awards website located at: <http://www.athabascau.ca/registrar/studawrds.php>

Email your inquiries to: awardsinfo@athabascau.ca or call toll free: 1-800-788-9041, extension 6197 or 780-675-6197.



APPLICATION FORM FOR WALKER FAMILY – MASTER OF COUNSELLING SCHOLARSHIP

Before completing this application form, please ensure that you meet all the eligibility criteria and that you can demonstrate the qualities we are looking for in the selection criteria.

A. PERSONAL INFORMATION

Athabasca University Student Identification Number:

Social Insurance Number:

Last Name:

First Name:

Middle Name:

Mailing Address 1:

Mailing Address 2:

City:

Province:

Postal Code:

Country:

Primary Telephone Number:

Alternate Telephone Number:

Email Address:

B. CURRENT POST-SECONDARY INFORMATION

Complete the information requested below. Information will be verified with your student record, and other sources, if required.

In which graduate degree program are you enrolled?

Year of Program?

Have you received any scholarships, fellowships, prizes or other academic awards/achievements/ or recognitions while completing your current graduate studies?

No Yes please provide details:

What is your cumulative program GPA?
"Preview" to view your GPA

Go to MyAU portal, click on "Request Transcript", and then click on



C. PRACTICUM PLACEMENT INFORMATION

Answer all the questions within the space provided for each question. Please limit your answers 300 words. A missing answer will disqualify you.

The Student Award Office will contact the GCAP Practicum Coordinator to verify the details of your practicum proposal prior to the formal award selection process.

1. Describe your practicum placement.

2. Name of the agency and focus of your practicum.

3. Describe the reason you chose this area for your practicum.



D. REQUIRED CERTIFICATION AND RELEASE

I certify that the information provided in this application and in the accompanying documentation is true, accurate and complete. I authorize the provision of any information held or to be held by Athabasca University, and others relating to my application, including but not limited to personal evaluations and transcripts, to the Student Awards Unit of Athabasca University and the Selection Committee chosen for this scholarship. I understand and accept that: (1) such information will be used by the Student Awards Unit and the awards selection committee of Athabasca University for the purposes of selection, for statistical analysis, and to facilitate ongoing administrative correspondence with applicants, necessary to further the objective of the Athabasca University Student Awards Program and to improve selection process; (2) the Athabasca University will not release application evaluation or the results of the evaluation process, except to inform me if my application has been accepted for an award; and (3) for all questions regarding my personal information held on file by the Athabasca University, including updates thereof, I may reach an Athabasca University representative through the contact information provided within this award package; and (4) if my application is selected for this award, I authorize the publication of my name and the name of the award received on the Athabasca University website and in reports to governing bodies of Athabasca University. I understand that should my application be selected for this award, I am subject to the reporting obligations of the Canada Revenue Agency regarding scholarships, fellowships, bursaries, study grants, and artists project grants. Finally, if my application is selected for this award, I will: (1) provide a thank you letter to the Student Awards Unit of Athabasca University to be forwarded to the donor of the award and (2) agree to a request for a photo opportunity should one be forthcoming.

Name of Applicant:

Date:

Your personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 and the *Post-Secondary Learning Act*, S.A. 2003, c. P-19.5.