



**CurlManitoba**

309-145 Pacific Ave., Winnipeg, Manitoba, R3B 2Z6  
Phone: (204) 925-5723 Fax: (204) 925-5720  
E-mail: [mca@curlmanitoba.org](mailto:mca@curlmanitoba.org)

Revised: February 26<sup>th</sup>, 2013

### **SCHOLARSHIP INFORMATION**

Up to four \$1,500 scholarships are available annually.

#### **ELIGIBILITY**

Any active junior curler entering or in post-secondary education may apply if affiliated as a junior during the year of application. Previous recipients are ineligible. Minimum average for application is 70%.

#### **DEADLINE**

**Deadline for application is June 1<sup>st</sup>, 2024 by 4:30 p.m.. LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Recipients will be selected by July 1<sup>st</sup>, in the year of application.  
The award will be forwarded upon receipt of proof of payment of fees to a recognized education institution.

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#### **APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTATION OR IT WILL NOT BE CONSIDERED:**

1. Letter of application stating reasons for applying and your future goals and aspirations for curling - **MAXIMUM ONE PAGE**
  2. CurlManitoba Scholarship Application Form.
  3. MOST RECENT Official transcript of marks, including Grade X, XI and XII and post secondary. This MUST include latest set of marks, final or interim.
  4. Two letters of recommendation. **MAXIMUM ONE PAGE**
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#### **SELECTION WILL BE BASED ON THE FOLLOWING CRITERIA:**

1. Curling achievements, development and contributions
  2. Academic achievement
  3. School and Community involvement
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#### **PLEASE SEND ALL DOCUMENTATION TO:**

CURLMANITOBA  
309-145 PACIFIC AVE.  
WINNIPEG, MANITOBA  
R3B 2Z6  
ATTENTION: SCHOLARSHIP COMMITTEE  
EMAIL: [tewasko@curlmanitoba.org](mailto:tewasko@curlmanitoba.org)

**CURLMANITOBA**  
**SCHOLARSHIP APPLICATION FORM**

**A. GENERAL INFORMATION**

<hr/>		
Surname	Given Names	Initials
Permanent Mailing Address		Present Mailing Address (if different from other)
<hr/>		
<hr/>		
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Birth Date	Birth Place	
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**B. EDUCATION BACKGROUND**

<hr/>				
Presently Attending				
	University	Community College	High School	Other (specify)
Name and address of Institution:				
<hr/>				
<hr/>				
<hr/>				
Year, Grade or Level		Area of Study		
<hr/>		<hr/>		
Education Plans for September				
University _____		Community College _____		
Other (specify) _____				
Name and Address of Institution				
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Year, Level, Grade		Area of Study		
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**C. CURRENT CURLING CLUB(S)**

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I hereby certify that the above information is correct and can be verified at the request of CurlManitoba.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

**SPECIAL NOTE:** Enclose transcripts of all high school/university marks with your application.

**ACHIEVEMENT & AWARDS**

**CURLING**

**High School Participation**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**High School Participation - Provincial**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Curl Manitoba / Regional Participation (Including Berths)**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Provincial Championships**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Canadian National Championships**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACHIEVEMENT & AWARDS (cont'd)**

**Tim Hortons Jamboree – 16 & Under Junior Men's & Junior Women's Competitive Division**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____

**U18 Men's & Women's Championship**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____

**Manitoba Games**

Year	Event	Position	Final Standing
_____	_____	_____	_____
_____	_____	_____	_____

Curling Involvement and/or contributions to the sport – please fill this section out completely – this includes helping a club, working at competitions etc.

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**Curling Development**

Camps Attended	_____	Date	_____
	_____		_____
	_____		_____
Clinics Taken	_____		_____
	_____		_____
	_____		_____

