

*The Ontario Secondary School Teachers' Federation*  
**RAINY RIVER DISTRICT 5B**



**BOB BRIGGS MEMORIAL SCHOLARSHIP**

The scholarship is in memory of Bob Briggs, a retired teacher from Atikokan High School who was very active in OSSTF throughout his many years of teaching.

**CRITERIA FOR SELECTION**

- 1) Two scholarships, in the amount of \$500 each, will be awarded each year.
- 2) The scholarship winner will be chosen by a committee of members from Rainy River District 5B of the OSSTF.
- 3) The recipient must be accepted by a post-secondary institution for the purpose of continuing his/her education in a **Canadian university FACULTY OF EDUCATION** program or in a **Canadian college EARLY CHILDHOOD EDUCATION** program.
- 4) Selection of the winning applicant will be based on a combination of marks and recommendations from the applicant's school. Each applicant will fill out an application form ("SECTION A") and have their school complete an information sheet ("SECTION B").
- 5) Payment will be made upon receipt by the District 5B Excellence in Education Officer of **proof of enrollment in the second semester of the first year of study.**

**APPLICATION INSTRUCTIONS**

"SECTION A" of this application is to be completed by the applicant.

"SECTION B" of this application is a confidential report on the applicant, including marks and recommendations. The applicant is to arrange for completion of "SECTION B" as follows:

- (1) Staff member review of applicant's extra-curricular participation.
- (2) Teacher recommendations regarding applicant's education and career goals.
- (3) Final or midterm marks as provided by the high school Guidance Office.

Completed applications should be either submitted to the high school Guidance Office or mailed to:

**Bob Briggs Scholarship Committee**  
**% John Gibson**  
**president@d05b.osstf.ca**  
**390 McIrvine Rd**  
**Fort Frances, ON**  
**P9A 3S3**

The application must be received no later than **May 15, 2024.**

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**SECTION A: STUDENT APPLICATION**

Please PRINT plainly when answering the following questions:

1) Name of applicant \_\_\_\_\_

(Surname) (Underline given name used)

2) Home address: \_\_\_\_\_

\_\_\_\_\_

3) Email address: \_\_\_\_\_

4) Name of High School: \_\_\_\_\_

5) University/College you will be attending: \_\_\_\_\_

6) Type of program you are enrolled in: \_\_\_\_\_

7) Career plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, hereby declare that, to the best of my knowledge, the information given in this application is true in all respects.

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

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

# BOB BRIGGS MEMORIAL SCHOLARSHIP

## SECTION B: SCHOOL EVALUATION FORM

- 1) **Extracurricular Participation (to be completed by a staff member at the applicant's request):**  
Please give a brief review of the student's participation in extracurriculars.

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- 2) **Recommendations from Teachers (at the applicant's request):**  
Please comment on the student with respect to their desire to become a teacher or an early childhood education worker.

Recommendation #1	Recommendation #2
Signature	Signature

- 3) **Academic Record**

Copy of transcript attached (prepared by Guidance upon request).

Grade 11		Grade 12	
Subject	Grade*	Subject	Grade*

\*Final/midterm marks only. A copy of the applicant's transcript may be substituted for the chart.