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XXXVIII REIGN

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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

JOHN M. KERR MEMORIAL BURSARY AWARD

Each year The Imperial Sovereign Court of the Wild Rose grants bursary awards to students of the Gay, Lesbian, Transgendered, and Bi-sexual community in any accredited post secondary education program within the Province of Alberta.

Established by Her Imperial Sovereign Majesty, Empress 8 and 17, Mary Mess to honor the memory of a close friend of Edmonton's gay community and a strong supporter of drag entertainment in our city, 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 Social Association.

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 (August 22nd, 2015)

Applications for awards **must be received** no later than **Friday**, **July 17**th, **2015** by the ISCWRSA. Applications must be complete and all requested information included with the application on submission. Please mail applications to:

President of the College of Monarchs c/o P.O Box 11394 main Post Office Edmonton, Alberta. T5J 3K3

or

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.

<u>Please expect a confirmation</u> of your application within a few days of its receipt.

JOHN M, KERR MEMORIAL BURSARY AWARD

APPLICATION FORM

Address		Apt
City	Prov	Postal Code
Telephone Home (_)	Work ()
E-mail address		
Current Employmer	nt Status:	
2. Name of educations	al institute enrolled	at:
3. Name of program: _		
4. Year you will be ent	ering and total yea	ars of program: of
		ed.
5. Final degree or acc	reditation anticipat	cu

As an attachment, briefly describe (required)

- Your involvement in Edmonton's GLBT community, including any group affiliation or other involvement.
- Please explain how you intend to be involved in Edmonton's GLBT community after you have attained your accreditation.
- Please explain how your skills may serve the betterment of our community.
- Provide a brief summary of the reasons you feel that you need the assistance the award provides.

Please include any pertinent letters of reference or recommendation from friends, professors, colleagues or certificates that you feel may help your application.

September – April September - December January - April				
Education Expenses		Education Resources		
Tuition	\$	Savings	\$	
Books	\$	Awards	\$	
Supplies	\$	Grants	\$	
Other:	\$	Student Loan	\$	
Education Expenses (A)	\$	Education Resources (C)	\$	
Monthly Exp	enses	Monthly Income		
Housing (rent or mortgage)	\$	Work (part time or full time)	\$	
Food	\$	Work – Study Earnings	\$	
Utilities	\$	Assistantships (TA/RA)	\$	
Household costs	\$	Sponsorships/grants	\$	
Transportation (bus, gas, insurance, car payment, parking)	\$	Child Care Subsidy	\$	
Entertainment	\$	Net Income from Spouse or other sources	\$	
Health (medical, dental)	\$	Awards, Bursary, Scholarship	\$	
Child Care (day care, babysitter, other)	\$	Other	\$	
Other	\$	Other	\$	
Total Monthly Expenses	\$	Total Monthly Income	\$	
X number of months		X number of months		
Total Living Expenses (B)	\$	Total Income (D)	\$	
Total Education Expenses	¢.	Total Education Resources	d.	
(A) + (B) Total Education E	\$	$\frac{(C) + (D)}{dvo ation Possessor and Finance}$	\$	
1 otal Education Expenses minus 1 otal Education Kesources equals Financial Need				
EXPENSES minus RESOURCES equals FINANCIAL NEED				
Total Education Expenses minus Total Education Resources equals Financial Need EXPENSES minus RESOURCES equals FINANCIAL NEED				

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 gay or lesbian 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.

Signature: Date: