



401-1101 Seymour St.
Vancouver, BC V6B 0R1
Musqueam, Squamish & Tsleil-Waututh Territories

Scholarship Application

Personal Information

Your Name:

Pronouns:

City (where you live):

Post-Secondary Institution:

Name of Canadian Post-Secondary Institution:

Your Program Name:

Program Dates:



Application Questions

You can answer these questions in writing, as an audio or video recording, or another manner of your choosing. Quality of the recording will not be assessed as part of the application.

1. How are you connected to Ribbon Community? (maximum 150 words/1 minute)

2. Answer one of the following questions: (maximum 500 words/4 minutes)

a. Tell us about yourself, and how this scholarship will help you achieve your goals. You may want to share why you have chosen your field of study, your community involvement or leadership (such as school, religious or cultural community, grassroots or nonprofit work), or the ways living with HIV have impacted your studies or ability to afford postsecondary studies.

OR

b. Tell us about your contributions to communities of people living with HIV. How have you supported people living with HIV and/or worked to overcome HIV stigma in your communities? How will this scholarship ultimately support the communities Ribbon Community supports and empowers



Reference

Please provide contact information for one reference. Your reference can be a community leader or Elder, someone you have worked or volunteered with, or a teacher or other mentor.

The Kenneth Lackner Scholarship Committee may contact references for shortlisted candidates. If your reference is contacted, that *does not* mean you are the recipient.

Name of Reference:

How do you know this reference?

Please provide two ways to contact this reference:

Phone:

Email:

Other:

Confirmation

- I certify that the above information is accurate and complete. I understand that any false or incomplete information may invalidate my application.
- I accept that scholarship decisions are final.
- I agree that scholarship funds will only be granted to me if Ribbon Community can confirm I have fulfilled the eligibility requirements listed above.
- I agree to work with Ribbon Community to share the news of my award
 - on a timeline that respects the other applicants to the award
 - and in a way that respects my privacy and choices about whether or not to share my HIV status with other people.

Ribbon Community will not share the name of the recipient without their explicit permission. Ribbon Community may ultimately choose not to share the name of the recipient to ensure we put our values into action.

Full Name:

Dated: