

# TREVOR H. SHIRTLIFF DIFFERENCE MAKER SCHOLARSHIP



**NAME OF STUDENT:**

\_\_\_\_\_

Student currently enrolled in grade: \_\_\_\_\_

**NOMINATING COUNSELLOR:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ex: \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Please share with us why you are nominating this student for the  
Trevor H. Shirliff Difference Maker Scholarship:

Additional Information that would support your nomination in winning this award.  
(extracurricular activities, volunteer initiatives, etc.)