The Sydney E. Vrolyk Memorial Scholarship is awarded in memory of former Sarnia-Lambton student Sydney Vrolyk by her family and her friends. Sydney, who was born with Down syndrome, attended St. Patrick’s High School for seven years. She participated in the PEOPEL program as well as the arts, coop and cooking and lunch buddies. Sydney fully embraced and loved her time at her secondary school and the staff and students loved her back.

Scholarship Guidelines:

Applicants should be a Grade 12 student graduating from a Lambton County Secondary School

Have applied and been accepted to a community college in a program with one of the following majors:

\*Developmental Service Worker (DSW)

\*Child and Youth Worker (CYW)

\*Early Childhood Education (ECE)

**Applicants will have been** Volunteer’s or worked with any of the following community organizations:

\*Special Olympics Sarnia

\*Community Living

\*Down Syndrome Association Sarnia-Lambton

\*Autism Sarnia

\*Stepping Stones Worker

\*St. Francis Advocates

\*Summer Music Camps for Children

\*Summer Children’s Theatre Camps

\*Vacation Bible School

\*Sarnia YMCA swim programs

\*Sarnia YMCA summer camps

\*Any other organization which supports individuals with exceptionalities

**School Programs:**

\*Lunch Buddy Program

\*PEOPEL program

\*Peer Mentorship

Please write a **minimum three (3) paragraph** to a **maximum of (5) paragraph** reflecting how the combination of school course, paid positions, volunteer roles and extracurricular activities would make you the best candidate to receive this scholarship.

**References** (Minimum of **two (2) letters**)

\*One from an educator or coach or teacher advisor from a Lambton County Secondary School

\*One from a representative from the suggested activities.

The Syndney E. Vrolyk Memorial Scholarship applications will be accepted at the Sarnia Community Foundation (SCF) by **May 28, 2025, at 4:00pm**. The SCF is located at 109 Durand Street, Sarnia, ON N7T 5A1 or email the office@sarniacommunityfoundation.ca. If you have any questions about the Syndney E. Vrolyk Memorial Scholarship, please call the SCF at 519 332-2588.

**PERSONAL INFORMATION**

Name

Address

Postal Code

Telephone Email

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**Signature of applicant**

**Declaration:**

**I certify that the information in this application is true and accurate.**

 **I acknowledge and accept that should my application be successful that the funds will be used for the purposes outlined in this application and for no other purpose, unless permission is sought and obtained in writing in advance from the Sarnia Community Foundation.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of applicant Date**

**PLEASE NOTE:**

The Sarnia Community Foundation has a privacy policy that protects personal information. Any personal information requested on this application will only be used to assist with the assessment of the application. A copy of the application form and supporting documents may be kept for audit purposes.

**Should the application be successful, SCF will require the recipient to provide express consent to publish their name and photograph in print or on social media managed by SCF. Exceptions may be made under certain circumstances. This will be confirmed by SCF in writing at the time of presentation. All other information will remain confidential.**

**All Scholarship recipients are required to provide the Foundation with their full legal name and Social Insurance Number. This information is required for audit purposes and the issuing of a T4A a s required by law.**