

DR. ROSE LENSER FIRST NATIONS INTO SCIENCE SCHOLARSHIP

SPONSOR: Dr. Rose Lenser is a family physician currently practicing in Victoria, B.C. She was born and raised in Northwestern B.C. (Terrace) where she graduated from high school. She received a Bachelor of Science [Biology] degree at Concordia University in Montreal and received her Doctor of Medicine degree from the University of British Columbia in 1999. Dr. Lenser is proud of her Wetsuwetan heritage and is a member of the Squamish Nation.

NUMBER: One

VALUE: \$1000

TENURE: Any full-time program aiming for a degree in Science or Health Careers at a recognized institution.

CRITERIA:

1. Indigenous student from the Greater Victoria School District.
2. Graduating Grade 12 student.
3. Good grades in the Sciences.

DEADLINE: Wednesday, May 14, 2025

PROCEDURE:

1. Obtain an application on-line at:
<https://ied.sd61.bc.ca/graduation/greater-victoria-sd61-scholarships/>
or from the Indigenous school Counselor.
2. Include with the completed application:
 - a) Transcript of marks for current school year
 - b) Letter of recommendation from a teacher
3. Forward application and supporting documents to the Indigenous Education Office or school-based Counselor.

ADDRESS: **MAILING ADDRESS:**
Indigenous Education Office
Greater Victoria School District
556 Boleskine Road
Victoria, BC V8Z 1E8

TELEPHONE: [250] 475-4124

EMAIL : cclaibourne@sd61.bc.ca

SELECTION: Dr. Rose Lenser

DR. ROSE LENSER
First Nations
Into Science
Scholarship
2025

Please return completed form to:

INDIGENOUS EDUCATION

Greater Victoria School District

556 Boleskine Road

Victoria, B.C. V8Z 1E8

OR

School-Based Counselor

**DEADLINE FOR SUBMISSION OF
APPLICATION:**

Wednesday, May 14, 2025

Dr. Rose Lenser - 2025 First Nations into Science Scholarship Application

Name _____ Date of Birth _____
SURNAME GIVEN NAME YR MO. DAY

Address _____ Grade: _____

City _____ Postal Code: _____ Tel: _____

School _____ Tel: _____

School Address _____

Aboriginal Ancestry/Band: _____

EDUCATION (LIST LAST THREE SCHOOLS ATTENDED)

NAME OF SCHOOL	LOCATION (CITY)	DATES

LIST ALL COURSES YOU ARE TAKING THIS YEAR

LIST ANY HONOURS OR AWARDS YOU HAVE RECEIVED DURING YOUR LAST THREE SCHOOL YEARS [SCHOLARSHIPS, SPORTS, CITIZENSHIP, FINE ARTS, SERVICE]

SCHOOL, COMMUNITY & CULTURAL PARTICIPATION

- ❖ In what organizations, clubs or social activities in the school or community have you participated over the last three years?

POST-GRADUATION CAREER PLAN

- ❖ What is your Science/Health Careers career goal?

- ❖ What educational institute do you plan to attend next year?

_____ Province/State _____

- ❖ What career field do you contemplate entering?

REFERENCES: Please supply two letters of reference: One from a School Administrator/ Counselor, Science Teacher or Mentor; the other letter, personal reference.

**Please include a record of your marks for the
2024-2025 school year**

Please list the names of two people who would speak on your behalf if requested.

NAME	ADDRESS	PHONE

- ✦ Please submit a typed personal letter addressed to Dr. Rose Lenser, explaining why you feel you qualify as a candidate for this scholarship, and the role you will play in enhancing the image of Science or Health Careers.
- ✦ The sponsor of this scholarship chooses the successful candidate. If there is no suitable candidate, then no scholarship will be awarded.

It is the responsibility of each candidate to ensure that the application is complete, and that all required information, documents and letters are enclosed with the application.

Scholarship must be claimed within two years of date of award.

I understand that if I am the recipient of this award, my name and photograph may be used in publications produced by the Greater Victoria School District. The publications may include, but are not limited to, newsletters, bulletins, advertisements, and websites.

DATE OF APPLICATION

SIGNATURE OF APPLICANT