



THE DREAM NEVER DIES FOUNDATION

In Memory of Lloyd Christopher Skeen

Terms of Reference for the

LLOYD SKEEN MEMORIAL SCHOLARSHIP: PEEL DISTRICT SCHOOL BOARD

Description:

This award open to black students (ie. members of the African Diaspora) in the Peel District School Board who wish to pursue full-time post-secondary studies in field of aviation or ones directly related to the field of aviation. It has been made available through the generosity of family and friends of, former student, the late Lloyd Christopher Skeen.

Eligibility:

Available to black students (ie. members of the African Diaspora) in the Peel District School Board who wish to pursue full-time post-secondary studies in field of aviation or ones directly related to the field of aviation. The student must be in their final year of high school.

Selection Criteria:

This award will be presented to a black student pursuing post-secondary studies on a full-time basis who has demonstrated leadership skills, academic merit (70%+), a concern for others, involvement in their school and in the community, a desire to succeed in studies and financial challenges. Eligible students must be in their final year of high school.

Selection Process:

Students will be asked to complete an application form with a cover letter explaining how they meet the above criteria, a resume, two letters of reference (one academic and one character), proof of financial difficulty and an official grade report. The selection will be made by members of *The Dream Never Dies Foundation in Memory of Lloyd Christopher Skeen* committee.

Number/Value of Award: 1 @ \$1000

Presentation Time: May, Annually



THE DREAM NEVER DIES FOUNDATION

In Memory of Lloyd Christopher Skeen

Award Application

LLOYD SKEEN MEMORIAL SCHOLARSHIP: PEEL DISTRICT SCHOOLBOARD

How to apply:

- Complete this application
- Cover letter required explaining clearly how you meet the criteria
- Resume
- 2 letters of reference; 1 academic and 1 character
- Official academic grade report

Name: _____
Surname First Name Initial

Home Address: _____
Street Number & Name

City Province Postal Code

Telephone: () _____

*Applicant Signature: _____ *Date: _____

*Parent or Guardian Signature: _____

*By signing above, the applicant authorizes The Dream Never Dies Foundation in Memory of Lloyd Christopher Skeen to use the information given to issue press releases, pictures and/or as a means of general publicity for the Lloyd Christopher Skeen Scholarship. Only general information will be released such as names, scholarship amount and name of attending school.

Submit completed application by deadline to:
submissions@thedreamneverdies.org

Contact:

Jean Skeen
The Dream Never Dies Foundation in
Memory of Lloyd Christopher Skeen
info@thedreamneverdies.org