The Victor P. Thiessen Memorial Award

The Victor P. Thiessen Memorial Award for $500.00 is for a graduating student from a Manitoba high school who has exhibited significant personal and academic improvement over the course of their senior years enrollment. The Manitoba Association of Secondary Teachers of At-Risk Students (M.A.S.T.A.R.S.) has established this award in memory of Vic Thiessen. Vic Thiessen was a founding member and the first treasurer of M.A.S.T.A.R.S., a Special Area Group affiliated with the Manitoba Teacher’s Society.

Who is eligible?

* You are a resident of Manitoba.
* You can provide proof of graduation (with a transcript of marks) from a Manitoba secondary school during the current academic year.
* You are in need of financial assistance to pursue your goals.

Application Requirements

* Completion of the Award Application Form
* A 500 word (maximum) typed letter of nomination from a current M.A.S.T.A.R.S. member that outlines the student’s improvement & growth.
* A 500 word (maximum) typed essay from the applicant explaining how the award will support their future goals and dreams.
* A copy of the applicant’s latest official transcript that demonstrates potential graduation in the current school year.

Selection Criteria

* Significant educational improvement that culminated with graduation.
* School and community involvement.
* Extra-curricular activities

Award Payment

* Will be mailed to recipient c/o the nominator after receipt of official confirmation of graduation.

Deadline: Applications must be received no later than the first Monday in June.

The Victor P. Thiessen Memorial Award Application Form

Applicant information

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Address: | City: |
|  | Postal Code: |
| Home Phone: | Email: |
| Date of Birth(yyyy/mm/dd) |  |

School Information

|  |  |
| --- | --- |
| Name of School/Institution: | |
| Address: | City: |
|  | Postal Code: |
| Nominator\*: | |
| Phone Number: | Email: |
| Fax Number: |  |

\*Nominator must be a current M.A.S.T.A.R.S. member during the current school year.

I hereby declare that all of the information given in this application is correct and has been completed solely by me. I give full permission for the release of information from the above named school/institution. If I am successful, I also give permission to publish my name, picture and school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of M.A.S.T.A.R.S. Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of M.A.S.T.A.R.S. member (please print)

Please complete and return to:

Awards Committee Chairperson

Manitoba Association of Secondary Teachers of At-Risk Students

c/o Tracey Smith

Gordon Bell High School

3 Borrowman Place

Winnipeg, MB

R3G 1M6

[trsmith@wsd1.org](mailto:trsmith@wsd1.org)