

THE GARY & GAIL GRELISH FOUNDATION SCHOLARSHIP 2026

We help you open doors to push your dreams forward.

The Gary & Gail Grelish Foundation Scholarship, valued at \$2000, has been created to recognize an outstanding grade 12 student from the Surrey School District #36 who has demonstrated exceptional perseverance with a learning difficulty. These challenges may encompass learning disabilities such as dyslexia, dysgraphia, dyscalculia, ADHD, auditory processing disorder, visual processing disorder, nonverbal learning disability, executive functioning disorder, specific learning disability, language processing disorder, working memory disorder, sensory disorder, and autism spectrum disorder. We seek to recognize a student who possesses unwavering determination to excel academically, actively participates in school activities, engages in community service, and potentially possesses relevant work experience.

This scholarship opportunity emphasizes the significance of dedication, perseverance, and a strong work ethic. Moreover, it recognizes the hurdles that young individuals encounter as they strive to balance their personal development with ongoing education and “G.R.I.T.”.

Growth:	Evidence of personal, academic, or extracurricular growth over time.
Responsibility:	Displaying accountability and reliability in academic and personal endeavors.
Initiative:	Taking proactive steps to pursue goals and make positive contributions.
Tenacity:	Showing persistence and commitment in the face of obstacles

CRITERIA:

- May be a student with an Official Ministry Designation(s) from the Surrey School District #36 graduating in June. If not designed, then must provide conformation that the student is receiving support (see page 6 – Confirmation Page)
- Must submit an official **Gary & Gail Grelish Foundation Scholarship 2026** application form along with all required attachments.
- Engaged in various community service organizations and/or possesses relevant employment.
- Planning to attend any accredited post-secondary/trades school within twenty-four (24) months of graduation (funds to be released only upon verification of enrollment)
- Email or drop off your **typed application** form to CRYIF – **Gary & Gail Grelish Foundation Scholarship Committee**

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

- Completed **Gary & Gail Grelish Foundation online typed application** form at www.cloverdalerodeofoundation.com
- Photo of the applicant for ID purposes.
- **Confirmation Page** indicating that the candidate is being provided with additional assistance. *Candidate may include (this is not a requirement) a copy of Individual Education Plan (IEP or SLP).*
- Official **Diploma Verification Transcripts** must be included.
 - The transcript you provide should show final marks from first semester, **interim marks** from second semester, and total credits you will have upon graduation. (See Counsellor or Career Centre)
- **TWO REFERENCE LETTERS**
 - One letter must be from your Learning Support Teacher or Case Manager in your school *commenting on your “G.R.I.T.” and the nature of your **Learning Disability, challenges and adaptation used.***
 - One letter must be from an adult (*can not be a family member*) who supervised you in an officially recognized community organization to show *evidence of leadership and citizenship (social responsibility)*
- ★ **Both reference letters must:**
 - be one page maximum
 - have a physical or digital signature (typed/scripted signatures are not accepted)
 - be on official letterhead of the organization or school (if letterhead is not available the letter must include all the letter writer's contact information and relationship to you)

APPLICATION DEADLINE
Monday, May 25, 2026





THE GARY & GAIL GRELISH FOUNDATION SCHOLARSHIP APPLICATION 2026

PERSONAL INFORMATION

Last Name: _____ First Name _____
Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Graduation Year: _____ Email: _____

PLEASE REMEMBER TO ATTACH YOUR PHOTO FOR IDENTIFICATION AND PROMOTIONAL PURPOSES ONLY

EDUCATION OVERVIEW

Current High School _____ Current Grade _____
High School Address: _____ City: _____
Postal Code: _____ Phone: _____
Support Teacher's Name: _____ Email: _____
Post-Secondary Institution expected to attend: _____
Area of Study: _____ ☐ Full Time Student ☐ Part Time Student
☐ Bachelor's Degree ☐ Diploma ☐ Certificate

PLEASE REMEMBER TO ATTACH DIPLOMA VERIFICATION TRANSCRIPT WITH APPLICATION

EXTRACURRICULAR ACTIVITIES / HOBBIES

Please list 3 – 5 of Extracurricular Activities that you participated, include dates. Please note (L) leadership roles.

Extracurricular Activity / Hobby	(L)	From Date MM/YY	From To MM/YY

EMPLOYMENT & VOLUNTEER ACTIVITIES

EMPLOYMENT

Do you currently or have you previously held a position of employment? Yes _____ No _____

If yes, how many years of employment? _____ If currently working how many hours per week? _____

Please provide a detailed list of the various roles and responsibilities you have undertaken during your employment, including any leadership positions and associated duties.

SCHOOL VOLUNTEER SERVICE

List your school volunteer service (time & energy donated for the benefit of others), which was **unpaid and not required for courses**.

- Briefly describe your involvement
- Indicate with an “L” if you were in a leadership role
- Provide the date(s) for the activity
- Include the contact’s name, email address or phone #
- Total number of hours you completed in that activity Add up your hours and put the total at the bottom of the chart
- If you have more entries than the chart provides attach another page in the exact same formatting

□

Activity	Briefly Describe Involvement (20 words max per item)	L	Dates(s)	# of Hours	Contact’s name and email address or phone number

COMMUNITY VOLUNTEER SERVICE

List your community volunteer service (time & energy donated for the benefit of others), which was **unpaid and not required for courses**.

- Briefly describe your involvement
- Indicate with an “L” if you were in a leadership role
- Provide the date(s) for the activity
- Include the contact’s name, email address or phone #
- Total number of hours you completed in that activity Add up your hours and put the total at the bottom of the chart
- If you have more entries than the chart provides attach another page in the exact same formatting

□

Activity	Briefly Describe Involvement (20 words max per item)	L	Dates(s)	# of Hours	Contact’s name and email address or phone number

APPLICATION QUESTIONS

Describe how has your learning difference impacted your educational journey, and what strategies have you utilized to address those obstacles? Additionally, could you please provide information about your career goals and aspirations?

Describe the nature of your learning disability and a specific instance where you demonstrated growth, responsibility, initiative, perseverance, or tenacity.

Please provide a description of your area of passion or hobby that you pursue during your free time.

CHECKLIST

- Completed **Gary & Gail Grelish Foundation online typed application** form at www.cloverdalerodeofoundation.com
- Photo of the applicant for ID purposes.
- **Confirmation Page** indicating that the candidate is being provided with additional assistance. *Candidate may include (this is not a requirement) a copy of Individual Education Plan (IEP or SLP*
- Official **Diploma Verification Transcripts** must be included.
 - The transcript you provide should show final marks from first semester, **interim marks** from second semester, and total credits you will have upon graduation. (See Counsellor or Career Centre)
- **TWO REFERENCE LETTERS**
 - One letter must be from your LST Teacher in your school commenting on your “G.R.I.T.” and the nature of your Learning Disability, challenges and adaptation used.
 - One letter must be from an adult (*can not be a family member*) who supervised you in an officially recognized community organization to show *evidence of leadership and citizenship (social responsibility)*
- ★ **Both reference letters must:**
 - be one page maximum
 - have a physical or digital signature (typed/scripted signatures are not accepted)
 - be on official letterhead of the organization or school (if letterhead is not available the letter must include all the letter writer's contact information and relationship to you)

CONFIRMATION PAGE
FROM LEARNING SUPPORT TEACHER, CASE MANAGER, OR COUNSELLOR

Candidates are asked to give this document to their Learning Support Teacher, Case Manager, or Counsellor.

SCHOOL USE ONLY:

Instructions for Learning Support Teacher, Case Manager, or Counsellor

Please fill out indicating that the candidate is being provided with additional assistance.

NOTE: *Candidate may include **(this is not a requirement)** a copy of Individual Education Plan (IEP or SLP).*

Student's Last Name: _____ **Student's First Name** _____

Current High School _____ **Current Grade** _____

CONFIRMATION STUDENT IS:

_____ Official Ministry Designation(s) Category(ies) _____

_____ Currently not designated but receiving support.

Please Indicate if student has:

_____ A PsychED Assessment Dated: _____

_____ An Individual Education Plan Dated: _____

_____ A Student Support Plan Dated: _____

I hereby acknowledge this applicant is receiving supplementary support and is a highly qualified candidate to be taken into consideration for this prestigious award.

Please Print Name: _____

Position (*LST, Case Manager, or Counsellor*): _____

Signature: _____

Date: _____



STATEMENT OF ACCURACY

I hereby confirm that all the information stated above, which has been provided to the Cloverdale Rodeo Youth Initiative Foundation, is accurate, truthful, and void of any plagiarism. Furthermore, I affirm that I have not utilized any IA or other automated tools. Additionally, I acknowledge and comprehend that the photograph I submit of myself is solely intended for identification and promotional purposes related to the Cloverdale Rodeo & Exhibition Association scholarship program.

I hereby understand that if chosen as a scholarship winner, according to the Cloverdale Rodeo Youth Initiative Foundation's scholarship policy, I must provide evidence of enrollment/registration of the post-secondary institution of my choice before scholarship funds can be released.

Scholarship Applicant's Authorized Signature _____

Date: _____

**** Incomplete applications and/or illegible applications will not be considered.***

**GARY & GAIL GRELISH FOUNDATION SCHOLARSHIP APPLICATION DEADLINE is
Monday, May 25, 2026.**

SEND COMPLETED APPLICATION FORM BY EMAIL OR MAIL TO:

**CLOVERDALE RODEO YOUTH INITIATIVE FOUNDATION
GARY & GAIL GRELISH FOUNDATION SCHOLARSHIP COMMITTEE**

6060 – 176th Street

Surrey, BC V3S 4E7

Fax: 604-576-0216

Email: info@cloverdalerodeofoundation.com

For more information visit us on the web:

www.cloverdalerodeofoundation.com

*Cloverdale Rodeo & Exhibition Association is dedicated to maintaining the highest standards of confidentiality with respect to all applicants' personal information provided to us. We are committed to ensuring that our handling of personal information is in compliance with applicable privacy legislation including the Personal Information Protection and Electronic Documents Act. All applications and essays will become property of the Cloverdale Rodeo & Exhibition Association. *Incomplete applications and/or illegible applications will not be considered.*