



Scholarship of Hope Information

About the Foundation

The **Luke Cyr Foundation (LCF)** is a non-profit organization dedicated to supporting mental health and wellness, especially among veterans, first responders, and their families. Founded in honor of Canadian veteran Luke Cyr, the Foundation is committed to fostering hope, healing, and resilience through community support, advocacy, and education.

About the Scholarship

The **Scholarship of Hope** is an annual award that recognizes students pursuing post-secondary education in **mental health-related fields**. It is designed to support individuals who demonstrate compassion, resilience, and a desire to make a positive impact on the mental well-being of others.

Award Amount

- **\$500** per recipient
- **One scholarship awarded in each of the following regions:**
 - **Inverness, Nova Scotia**
 - **Sault Ste. Marie, Ontario**

Eligibility

Applicants must be:

- A current high school student in one of the listed regions
- Planning to pursue a post-secondary program in a **mental health-related field**, such as:
 - Mental Health
 - Nursing
 - Psychology
 - Social Work
 - Other relevant programs

Consideration Criteria

These are not mandatory for eligibility but may strengthen an application:

- Child of a veteran or first responder
- Demonstrated commitment to community service
- Identification with an underrepresented community
- Experiencing financial need

Application Requirements

Applicants must submit:

- Completed application form
- Most recent transcript (unofficial accepted)
- Proof of enrollment or acceptance (if available)
- One letter of recommendation
- Optional résumé

Submission Instructions

Completed applications are due **Friday, June 13, 2025**, and must be submitted **through your high school guidance counselor** and can be delivered by one of the following methods:

Mail

The Luke Cyr Foundation – Scholarship of Hope
100 Adrian Drive
Sault Ste Marie, ON
P6A 4W9

Email

As a scanned PDF sent to <mailto:contact@lukecyrfoundation.org>

Direct Delivery (via your guidance counselor)

Luke Cyr in Inverness, Nova Scotia
Mark Carlucci in Sault Ste Marie, Ontario



LUKE CYR
FOUNDATION

Scholarship of Hope Application

Submission Instructions

Completed applications must be submitted through the applicant's high school guidance counselor.
Please ensure all required documents are included before submission.
Incomplete applications may not be considered.

Applicant Information

Full Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City: _____ Province: _____

Educational Background

Current School: _____

School Board: _____

Expected Graduation Date: _____

Post-Secondary Program Attending: _____

Intended Field of Study (check one):

- | | |
|---|-----------------------------------|
| <input type="radio"/> Mental Health | <input type="radio"/> Psychology |
| <input type="radio"/> Nursing | <input type="radio"/> Social Work |
| <input type="radio"/> Other (please specify): _____ | |

Consideration Criteria *(Check all that apply – not required for eligibility)*

- ☐ I am the child of a veteran or first responder
- ☐ I have demonstrated a commitment to community service
- ☐ I am experiencing financial need

Short Answer Questions (300–500 words each)

1. Why have you chosen to pursue a career in mental health or a related field?

2. Describe your connection to the veteran or first responder community (if applicable).

3. Tell us about a time when you gave back to your community. What impact did it have on you and others?

4. What challenges have you faced in your journey, and how have you overcome them?

Reference

Please provide one non-family reference who can speak to your character, academic motivation, or community involvement.

Name: _____

Relationship to Applicant: _____

Phone: _____ **Email:** _____

Guidance Counselor Confirmation

To be completed by a school guidance counselor.

I confirm this application was submitted through the appropriate school channels and that the student listed in the document is currently enrolled in our institution.

Counselor Name: _____

Position/Title: _____

School Name: _____

Phone: _____ **Email:** _____

Counselor Signature: _____ **Date:** _____

Additional Materials *(Please include with your application)*

- ☐ Most recent transcript (unofficial is acceptable)
- ☐ Proof of enrollment or acceptance (if available)
- ☐ One letter of recommendation
- ☐ Resume (optional but encouraged)

Signature & Declaration

I certify that the information provided is true and complete to the best of my knowledge. I understand that false information may disqualify me from receiving this scholarship.

Applicant Signature: _____ **Date:** _____