

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet

The **Shakespeare Family Award for Music Therapy** supports students enrolled in music therapy studies who have demonstrated an interest in and commitment to children with disabilities issues.

The **Tom and Lydia Haythorne Award in Music Therapy** supports students enrolled in music therapy studies who have demonstrated an interest in and commitment to people with developmental delays and disabilities issues.

Students currently enrolled in the Music Therapy program at Capilano University should complete the [online Scholarships, Bursaries, Awards application](#) and this worksheet.

- Many different types of pursuits may be considered engagement and involvement related to your field of study
- Use this worksheet to outline the relevant activities you regularly volunteer or participate in which demonstrate an interest in and commitment to children and/or persons with disabilities (e.g. advocacy, tutoring, mentoring, working with children, etc.)
- For each activity, indicate if you were motivated to participate by a scholastic requirement or your personal interest
- **Complete this worksheet electronically and ensure all typed text fits within the provided box**

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	
<i>Example</i> Volunteer at the John Braithwaite Community Centre	<i>Example</i> • Provided musical accompaniment and assisted with supporting children with physical needs in their games and activities • ... • ...	<i>Example</i> 09/2021	<i>Example</i> (present)	<i>Example</i> 160 hrs. (average 2 hrs per week, for 10 months a year, over 2 years)

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet

STUDENT NUMBER	CAPU STUDENT EMAIL ADDRESS
FIRST NAME	LAST NAME

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	

Page _____ of _____

Complete additional pages as needed
Applicant Declaration

I understand that this worksheet forms part of my application for Fall 2026 Scholarships, Bursaries, and Awards at Capilano University. As such, the applicant statement I agreed to via my Fall 2026 online award application is in effect for this Worksheet.

 APPLICANT SIGNATURE

 DATE

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet, cont'd

STUDENT NUMBER	CAPU STUDENT EMAIL ADDRESS
FIRST NAME	LAST NAME

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	

Page _____ of _____

Complete additional pages as needed

Applicant Declaration

I understand that this worksheet forms part of my application for Fall 2026 Scholarships, Bursaries, and Awards at Capilano University. As such, the applicant statement I agreed to via my Fall 2026 online award application is in effect for this Worksheet.

 APPLICANT SIGNATURE

 DATE

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet, cont'd

STUDENT NUMBER	CAPU STUDENT EMAIL ADDRESS
FIRST NAME	LAST NAME

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	

Page _____ of _____

Complete additional pages as needed

Applicant Declaration

I understand that this worksheet forms part of my application for Fall 2026 Scholarships, Bursaries, and Awards at Capilano University. As such, the applicant statement I agreed to via my Fall 2026 online award application is in effect for this Worksheet.

 APPLICANT SIGNATURE

 DATE

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet, cont'd

STUDENT NUMBER	CAPU STUDENT EMAIL ADDRESS
FIRST NAME	LAST NAME

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	

Page _____ of _____

Complete additional pages as needed

Applicant Declaration

I understand that this worksheet forms part of my application for Fall 2026 Scholarships, Bursaries, and Awards at Capilano University. As such, the applicant statement I agreed to via my Fall 2026 online award application is in effect for this Worksheet.

 APPLICANT SIGNATURE

 DATE

Demonstrated Interest In and Commitment to Children and Persons with Disabilities Issues Worksheet, cont'd

STUDENT NUMBER	CAPU STUDENT EMAIL ADDRESS
FIRST NAME	LAST NAME

Name/type of activity	Details about the activity, your specific role, the results of your participation, etc.	Dates (mm/yyyy)		Total Hours
		Start	End	

Page _____ of _____

Complete additional pages as needed

Applicant Declaration

I understand that this worksheet forms part of my application for Fall 2026 Scholarships, Bursaries, and Awards at Capilano University. As such, the applicant statement I agreed to via my Fall 2026 online award application is in effect for this Worksheet.

 APPLICANT SIGNATURE

 DATE