



## Introduction

The purpose of this Award is to foster, cultivate, and spread the “Spirit of Enterprise” amongst the youth of Niagara. Gene Luczkiw embodied this spirit as he tirelessly worked to help individuals discover their unique abilities and find meaning and purpose in their lives and careers. Gene’s professional activities focused on entrepreneurial research and innovative program design dedicated to the facilitating of entrepreneurs and enterprising individuals.

This \$1,000 Award, which will be awarded annually to a student attending school in the Niagara Region, is not only meant to honour the memory of Gene, but to continue his work. We are asking educators throughout Niagara to help us identify students who clearly demonstrate the enterprising spirit in their lives. Gene defined Enterprise as “the taking of initiative to achieve a self-determined goal while sharing your achievement with others.” Details of the Award, eligibility, and how students can apply, are outlined below.

**Completed applications should be submitted to:**

Niagara Entrepreneur of the Year Awards  
Gene Luczkiw Spirit of Enterprise Award  
P.O. Box 116  
Thorold, ON L2V 3Y7

**Deadline for Submissions: October 31, 2017**

**For more information**

Telephone: 905.688.5757  
Website: [www.niagaraentrepreneur.com](http://www.niagaraentrepreneur.com)  
E-mail: [info@niagaraentrepreneur.com](mailto:info@niagaraentrepreneur.com)



## Rules and Conditions

### Eligibility

To be eligible for this Award, you must:

- be a student in your final year of high school and planning to attend a recognized post-secondary educational institution in 2018; OR planning to/have started a small business; OR be currently enrolled as a full-time student at Brock University, Niagara College or other registered post secondary educational institution
- demonstrate the spirit of enterprise as defined by Gene Luczkiw: “the taking of initiative to achieve a self-determined goal while sharing your achievement with others”

The evaluating committee will place some weight on grades and any demonstrated financial need, however the primary criterion for this award will be your entrepreneurial or enterprising approach to assignments, extra curricular activities and/or community involvement.

### To Apply

Complete the attached application form and submit it along with:

- a short essay (500 words or less) which outlines your enterprising approach to either academic assignments and/or extra-curricular activities. Such activities may include but are not limited to:
  - a special school assignment or project
  - a leadership role
  - volunteer work in the community
  - development of a business plan or an actual small business start-up

(Also include any personal circumstances or financial need that might be relevant to your application.)

- an official transcript of your most recent academic record
- a letter of recommendation in support of your enterprising spirit from a professor, teacher or principal of the secondary school, college or university you are currently attending

### Notes

- the decision of the evaluating committee will be final
- the successful candidate will be notified by e-mail, by February 1, 2018
- the recipient of the Gene Luczkiw Spirit of Enterprise Award will be announced at the Niagara Entrepreneur of the Year Awards Gala Dinner and Awards Presentations in February 2018
- incomplete applications will not be considered by the evaluation committee



# Application Form

Date of Application \_\_\_\_\_

Miss Ms. Mrs. Mr.

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name and address of University or College I'm attending or plan to attend

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

Has University/College application been made?  yes  no

Has application been accepted?  yes  no

Name and address of High School I'm presently attending (if applicable)

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

Date of graduation from High School \_\_\_\_\_

I certify that all the information provided on this application form and in all the accompanying documents is true, accurate, and complete to the best of my knowledge.

Student Signature \_\_\_\_\_

Please provide contact information for the individual who has provided your letter of recommendation:

First \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Please check to make sure you have included all the necessary documentation.