

Ocean Ranger Memorial Award

On February 15, 1982, the Ocean Ranger Exploratory Drilling Platform sank, resulting in the tragic loss of the 84 crew members on board. As a memorial to this loss, an award program was established by the Ocean Ranger Disaster Fund. These awards, valued at \$500.00 per year, are tenable by students who are entering or pursuing a post-secondary programme of studies at Memorial University of Newfoundland, the Fisheries and Marine Institute, and the College of the North Atlantic. In selecting candidates, preference will be given to widows/lineal descendants (children, grandchildren, great-grandchildren etc.) of victims of the disaster. In the absence of eligible candidates from this group, the award may be given to other fulltime students at the discretion of the Ocean Ranger Award Selection Committee. Information and application forms may be obtained from the Scholarships & Awards Offices at any of the institutions noted above. **Documentation clearly verifying applicant's eligibility must be provided.**

Donor: Ocean Ranger Disaster Fund

Number of Awards: Varies

Value: \$500 each

Criteria: In selecting candidates, preference will be given to widows and lineal descendants (children, grandchildren, great-grandchildren etc.) of victims of the disaster. In the absence of eligible candidates from this group, the award may be given to other fulltime students at the discretion of the Ocean Ranger Memorial Award Selection Committee.

An application is required. Deadline for applications is the third Friday in January - (January 20, 2023). Application forms are available on the College website.

Please see application on next page.



OCEAN RANGER AWARD APPLICATION FORM

(to be used only by applicants who are widows or lineal descendants)

Name (Print) _____ SIN _____ Date of Birth _____

Home Address (Print) _____ Telephone Number _____

Current Mailing Address (Print) _____

Which Post Secondary Institution are you attending?

- Memorial University of Newfoundland Student Number _____
- Marine Institute Student Number _____
- College of the North Atlantic Campus _____ Student Number _____
- *Other, Please specify and provide telephone number of Institution _____

**If you are registered at an institution other than the three noted above, please provide proof of current registration.*

What school, or institution, did you attend last year? _____

Are you a widow or lineal descendant of an Ocean Ranger victim? (Lineal descendant refers to children, grandchildren, great-grandchildren etc.) _____

What was the victim's full name? _____

If you are a child of a victim, what is your mother's, or guardian's full name? _____

Deadline: Completed application must be returned by 3rd Friday in January.

INSTRUCTIONS

If you are a widow or lineal descendant of a victim of the Ocean Ranger disaster the following documents must accompany this application:

- (a) Most recent academic transcript
- (b) If not studying at one of the 3 institutions noted above, proof of current post-secondary registration
- (c) An affidavit which must certify your eligibility as a spouse or lineal descendant of an Ocean Ranger victim.
The attached form may be used for this purpose providing that it is witnessed by an acceptable authority such as a Commissioner of Oaths or Notary Public.
- (d) Documentation to support confirmation of lineage (e.g., birth certificate(s), etc.).

This application, together with supporting documents, must be returned by the deadline date to the appropriate Scholarships Office at either:

- Memorial University of Newfoundland
- Marine Institute
- College of the North Atlantic

Student's Name _____ Date _____

SAMPLE AFFADIVIT

Confirmation of Eligibility as a Spouse or Lineal Descendant of an Ocean Ranger Victim

APPLICANT NAME (PLEASE PRINT): _____

ADDRESS: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

NAME: _____

WITNESSED / CERTIFIED BY:

(ACCEPTABLE NOTARIES INCLUDE, BUT ARE NOT LIMITED TO, LAWYERS, JUSTICES OF THE PEACE, NOTORIES PUBLIC, COMMISSIONERS OF OATHS, MEMORIAL UNIVERSITY OFFICE OF GENERAL COUNSEL, ETC.).

NAME (PLEASE PRINT): _____

TITLE: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

NAME: _____

SEAL: