

**[Insert date]**

To whom it may concern:

This letter is to confirm that \_\_\_\_\_ [applicant's full name] was under the care\* of \_\_\_\_\_ [child welfare agency(s) or youth custody centre(s) name] for a cumulative total of 12 months in provincial/territorial government care before age 18.

Should you have any questions or to confirm, please contact:

**Name:**

**Title:**

**Agency:**

**Email:**

**Phone:**

**Mailing Address:**

**Signature:**

*\*For the purposes of this scholarship, "Government Care" includes: permanent or continuing care/Crown Ward, foster care, group home care, temporary care, voluntary care, customary care, kith/kin or extended family placements, youth agreements/independent living arrangements and/or youth custody centres.*