



100 John West Way  
Aurora, Ontario  
L4G 6J1  
(905) 727-3123  
aurora.ca

# Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

**Council or Committee (Choose One) \***

Council

**Council or Committee Meeting Date \* ?**

2024-7-9



**Subject \***

John West Memorial Scholarship Presentation

**Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) \***

Miranda Link & Sparrow Als (Town of Aurora Recreation Services - Youth Coordinator & Youth Programmer)

**Brief Summary of Issue or Purpose of Delegation \***

John West Memorial Leaders of Tomorrow Scholarship Award Presentation. The Town of Aurora believes in recognizing our leaders of tomorrow, who've made a positive impact in our community, inspire and give us hope for the future.

**Have you been in contact with a Town staff or Council member regarding your matter of interest? \***



Yes



No

**I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. \***



Agree