

Student Application for District/Authority Scholarship (To be submitted to your school's Scholarship Coordinator who must forward it to the School Board Office by 4 pm no less than two weeks before your presentation date)

Legal Surname	Legal Given	Legal Given Names (in full)		School	
Street Addre	ss/City	RR# / PO Box	Province	Postal Code	
Birth Date (Year / Month / Day)	** Personal Educ	cation Number **			
**	Scholarships cannot be a	warded without this information	on **		
Please choose one:	🗌 I am a Canadian Citize	n 🗌	I am a Permanent F	Resident of Canada	
I am applying for a District Award an	d will make my presentati	on in the following area: (Please	e choose only your	best area)	
 Fine Arts (e.g., Visual Arts, Applied Design, Skills, and Technology, Media Arts, T Physical Activity (e.g., Athl International Languages fr Community Service (Volume 	Dance, Drama, Music) Technologies (e.g., Busine ourism) etics, Fitness, Outdoor Edu om the International Langu teer Activity) which includ	school or in the community) ss, Technology, Home Economic acation, Dance, Gymnastics, not uages curriculum or External As es awareness of local, global an chanics, Robotics, Coding, Culin	limited to Physical sessments, includin d cultural issues	Education)	
I plan to continue my education at					
I am already registered at (or have	applied to) the above Post	t-Secondary institution:	YES I	NO	
*** Please note that to b	e eligible, the student's co	urses and field of study must be	e mainly career-orie	nted ***	
My present program fulfillI am prepared to meet wit	s the requirements for a se h the District Scholarship (I have achieved superior w	Secondary School for a period o econdary school graduation. Committee to present a display ork in my chosen field of learni	of my work.	consecutive months	
Please check here to authorize t	he School District to use in	formation submitted with this a	application for publ	lishing purposes.	
Please check to confirm you have a	ttached with this applicati	ion:			
A nomination form or forms. Stu	udents may have more tha	n one person nominating them.			
A current transcript of your mar	ks.				
Future education and care	in your area of choice. ation idea that will show e er plans.	evidence of your superior achiev ason(s) for applying for this awa			
Email(s) (You and/or a parent in ca	ise we have to contact you	i in the fall)			