

# APPLICATION FORM

School District No. 46  
(Sunshine Coast)

“Working Together...  
Creating Our Future”



## *DISTRICT SCHOLARSHIP*

### PART I - TO BE COMPLETED BY THE STUDENT

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Name of student \_\_\_\_\_

Surname

Given Names

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

Name of Parent or Guardian \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

School \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_

COURSES (WITH COURSE NUMBERS)  
IN YOUR GRADE 11 PROGRAM

_____	_____
_____	_____
_____	_____
_____	_____

COURSES (WITH COURSE NUMBERS)  
IN YOUR GRADE 12 PROGRAM

_____	_____
_____	_____
_____	_____
_____	_____

SUBJECT OR SUBJECTS OF  
SPECIAL INTEREST

_____	_____
_____	_____
_____	_____

REFERENCES - LIST AT LEAST TWO, MORE IF YOU WISH (FROM WITHIN YOUR SCHOOL OR THE COMMUNITY)

**NAME**

**ADDRESS**

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

1. COMMENTS OR INFORMATION WHICH WOULD BE OF SPECIAL INTEREST TO THE DISTRICT'S SCHOLARSHIP COMMITTEE. (Attach a separate sheet if more space is needed.)

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2. DESCRIBE YOUR PRESENTATION (topic, format, equipment used).

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3. STATEMENT REGARDING YOUR FUTURE EDUCATION AMBITIONS (Verify that your planned post secondary institution is a Designated School [www.aved.gov.bc.ca/studentaidbc/welcome.htm](http://www.aved.gov.bc.ca/studentaidbc/welcome.htm)):

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4. STATEMENT REGARDING YOUR CAREER AMBITIONS:

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DECLARATION: I declare that the above information is, to the best of my knowledge and belief, correct.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**PART II - TO BE COMPLETED BY THE SCHOOL PRINCIPAL ON BEHALF OF THE APPLICANT**

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This is to certify that \_\_\_\_\_,  
a student in good standing in \_\_\_\_\_ School, has met the  
basic Eligibility Requirements as outlined under the Criteria for Selection.

<b>Grade 12 Record of Marks</b>	<b>Subject</b>	<b>Letter grade</b>	<b>Subject</b>	<b>Letter Grade</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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The information collected on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator of School District No. 46.