

PLEASE FILL OUT THIS APPLICATION FORM VERY CAREFULLY.
ERRORS AND/OR OMISSIONS MAY RENDER YOUR APPLICATION INVALID

KITIMAT SCHOLARSHIP ASSOCIATION
General Application Form 2020 – page 1

Name:		Parent/Guardians Names:		
Address:		Postal Code:	Parent/Guardian Address (if different):	
Phone:		Parent/Guardian Phone:		
What is your career goal? (Please be as specific as possible)				
Which post-secondary institution do you plan to attend in September 2020?				
PARENTAL INFORMATION				
Mother's Employer:		Father's Employer:		
List all Clubs, Organizations or Unions to which you, your parents or grandparents belong (make sure to include the Union Local number, etc. Please identify to which family member each affiliation belongs. (For Luso Canadian Association, you must include the <u>membership #</u>)				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
List all the awards you received while attending Mount Elizabeth Secondary School.				Year
1. _____				_____
2. _____				_____
3. _____				_____
4. _____				_____
5. _____				_____
6. _____				_____
List all of your UNPAID community and sport involvement for <i>Grades 11 & 12 only</i> (this includes volunteer work). Please indicate the years you were involved with this activity, the approximate number of hours you have contributed, and the name and phone number of someone who can verify your contributions.				
Activity	Years	Hours	Verified by	Phone
<u>e.g.</u> <i>Volunteer at Multi-Level Care</i>	<i>2018-2020</i>	<i>40</i>	<i>Multi-Level Care Supervisor</i>	<i>555-5555</i>

By completing this application, I wish to apply for all scholarships and bursaries for which I am eligible. I authorize Mount Elizabeth Secondary School (or the secondary school I am presently attending) to release my grades to the Kitimat Scholarship Association Committee for the purposes of determining this year's scholarship and bursary recipients. I also acknowledge that any fines outstanding with Mount Elizabeth (or my secondary school) **will be paid prior to the release of funds** by the Kitimat Scholarship Association.

Parent Signature: _____
Student Signature: _____

Student SIN #

KITIMAT SCHOLARSHIP ASSOCIATION
General Application Form 2020 – page 2

APPLICANT NAME: _____

ADDITIONAL PERSONAL INFORMATION: All applicants should use this space to write a short paragraph about yourself stating information you would like the presenter to use in your introduction at the Scholarship Awards Ceremony should you be successful in winning a scholarship. You can also use this section to provide committee members with any additional information about yourself. (Please word-process and paste, or print very clearly in dark ink.)

Please identify the name and phone number of an adult (other than a parent) who may be contacted by the presenter to provide additional information about you. Make sure that you get permission from that individual before using his or her name.

Name: _____ **Phone:** _____

BURSARY APPLICANTS: A bursary is awarded exclusively on the basis of exceptional financial need. (For example: a single income family with three children of post-secondary age.) Please write an additional paragraph explaining what special circumstances might make you eligible for a bursary. (Print very clearly in dark ink, or word-process and paste.)

**ALL applications are to be returned to the Kitimat Scholarship Association
Chairperson, Katherine Johnsen by email at:**

katherine.johnsen@cmsd.bc.ca