



# 2020 DISTRICT/AUTHORITY SCHOLARSHIP APPLICATION FORM

## 1) Personal Information

Name \_\_\_\_\_  
(Surname) (Given Names)

Date of Birth (month/day/year) \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ PEN Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School that you will graduate from (please circle one):      POWER      SIGMA      NWSS

I am a Canadian Citizen

I am a permanent resident (landed immigrant)

## 2) Post-Secondary Plans

Which post-secondary program(s) do you plan to apply for?

\_\_\_\_\_  
\_\_\_\_\_

What are your long term career plans?

\_\_\_\_\_  
\_\_\_\_\_

## 3) Area of Interest

Please check the one area of interest or strength for which you are making this application

- Indigenous Languages and Culture**, demonstrated at school or in the community
- Fine Arts** (e.g., Visual Arts, Dance, Drama, Music)
- Applied Skills** (e.g., Business Ed, Technology Ed, Home Economics)
- Physical Activity** (e.g., Athletics, Dance, Gymnastics, not limited to Physical Education)
- International Languages** with Integrated Resource Packages (IRPs) or External Assessments, including AP and IB courses
- Community Service** (Volunteer Activity), which includes demonstration of local and global issues and cultural awareness
- Technical and Trades Training** (e.g., Carpentry, Automotive, Mechanics, Cook Training)

## 4) Evidence of Achievement

This application requires that you provide evidence of outstanding achievement in your chosen area of interest. Please attach a one page statement that describes your achievements.

## 5) References

Please have one adult complete the Confidential Reference Form. This reference is to be included with your application. Please ensure it is sealed in a confidential envelope with the referee's signature across the envelope flap.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## DISTRICT/AUTHORITY SCHOLARSHIP CONFIDENTIAL REFERENCE FORM

Thank you for providing a reference for the student named below, who is applying for a District/ Authority Scholarship in the indicated area of interest. Please complete the form and return it to the student in a sealed envelope with your signature across the envelope flap.

Student Name: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

1) How long and in what capacity have you known the applicant?

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2) Please rate and comment on the applicant's quality of attributes

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration/Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please comment on the applicant's unique strengths as they pertain to their chosen area of interest. Please include examples that illustrate the applicant's strengths.

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4) Other comments you wish to make in support of this applicant.

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Your Name \_\_\_\_\_ Position \_\_\_\_\_

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