



Award / Bursary / Scholarship Application



(Students to complete the application form and submit to school's Student Services Department)

Application Guidelines Please be sure to include the following:

Student Provides:

This Application

2 Letters of Reference

Financial Information (if Applicable)

Guidance Office Provides:

Credit Counselling Summary

Weighted Average _____

Calculating Weighted Average for Awards:

- i. Use six (6) best grade 12 marks, which must include grade 12 English.
- ii. Only use grade 11 marks if there are not enough grade 12 marks to make up the top six (6).
- iii. Any day school, night school, summer school, or eLearning courses can count as long as they are on the student transcript.
- iv. A Cooperative Education course can only count for one (1) mark, even if the course was taken for multiple credits.
- v. Midterm marks (April) can be used for Semester 2.
- vi. For University-specific awards, only count grade 12 U or M courses.

Please Print

Name of Award/Scholarship: _____

Name of Applicant: _____

Home Address: _____

Date of Birth: _____

City: _____

School: _____

Postal Code: _____

Current Grade: _____

Email Address: _____

Phone: _____

Post Secondary Education:

Institution which I plan to attend next year (if applicable): _____

Program: _____

Full Time: Yes No

In light of the criteria, please tell us about yourself in 200-500 words. (If more space is required, use page 4 to continue)

Student Checklist for Extra Curricular Activities *(Please list any activities and indicate number of hours per week for each)*

	Grade 9	Grade 10	Grade 11	Grade 12
Arts/Music				
Clubs				
Sports				
Leadership Roles				
Proficiency Awards				

Out of School Activities				
Community Involvement/ Volunteer Work (additional to the 40 hour diploma requirement)				
Part-time Jobs				

Obstacles Overcome:

The information provided herein is true to the best of my knowledge. I agree to allow my application to be reviewed and adjudicated by the applicable Selections Committee or individuals.

Applicant Signature **Date** **Award Due Date**

Signature of Guidance Counselor **Date**

The information collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act will be used for the purpose of determining eligibility for an award. If you have any questions concerning the collection of information please contact the Freedom of Information Coordinator at, 1250 Dundas Street, London, ON N6A FL1 (519) 452-2257.

In light of the criteria, please tell us about yourself in 200-500 words (Continued)