



2019 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?

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"/>				
Collaboration/Leadership	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Critical Thinking	<input type="checkbox"/>				
Communication Skills	<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.

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

Your Name _____ Position _____

Signature _____ Date _____