**ST. JOHN’S COLLEGE AWARD/SCHOLARSHIP APPLICATION - 4**

**NAME: DATE:**

 THE BRANT PROVINCIAL LIBERAL ASSOCIATION DAVE LEVAC CITIZENSHIP AWARD

 (Must be actively involved in student government/contribute to school and community) 1 AWARD - $100.00

 THE SPIRIT OF OPTIMISM AWARD 1 AWARD - $150.00

 (Must be a resident of Paris and exemplify the Optimist Creed)

 THE LIEUTENANT GOVERNOR’S COMMUNITY VOLUNTEER AWARD 1 AWARD - PIN

 (Must have made a positive contribution in the community)

CRITERIA

Applicant must:

⮚ qualify to graduate this year or have graduated last year.

⮚ be attending a community college or university

 (proof must be provided to Student Services by June 15)

 THE ST. JOHN’S COLLEGE LEADERSHIP AWARD 1 AWARD - PLAQUE

 (Must exemplify the qualities that our students strive to acquire)

The information required in this application will be used only to select recipients for these bursaries.

This information will be reviewed by the Graduation Awards Committee and is confidential.

If you are selected, your name will be submitted to the respective association.

Your application will be destroyed after the graduation ceremony.

If you meet the above criteria and submit the completed form by **the required due date in February\***, your application will be considered. *[\*please check the school calendar for the due date]*

**PART A - GENERAL INFORMATION**

ARE YOU GRADUATING THIS JUNE? Yes No

IF NO - DID YOU GRADUATE LAST YEAR? Yes No

WILL YOU BE ATTENDING: A POST-SECONDARY INSTITUTION?

This Fall Yes No

If No, Next Fall Yes No

 COLLEGE UNIVERSITY

1ST CHOICE (College / University) - PROGRAM CHOICES:

LIST OF GRADE 12 COURSES AND MARKS:

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE | MARK | COURSE | MARK |
|   |   |   |   |
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**PART B – LETTER OF INTRODUCTION**

Please write a paragraph or two describing yourself and your future aspirations/goals. You could also include a description of your involvement in family, school and community activities.

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**PART C- LETTER OF SUPPORT**

Comments supporting this application may be completed by teachers, coaches, community members, etc.

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**SIGNATURE OF SUPPORTING PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART D – CONTRIBUTIONS AND INVOLVEMENT WITH FAMILY/SCHOOL/COMMUNITY**

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| --- | --- | --- |
| ACTIVITY/INTEREST | NATURE OF INVOLVEMENT | DATES |
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I declare that to the best of my knowledge that the information given is true in all respects:

STUDENT SIGNATURE DATE

**SUBMIT YOUR APPLICATION TO STUDENT SERVICES BY THE REQUIRED DUE DATE.**