

Award Application Form

School of Record: ☐ Chilliwack Secondary	☐ G.W. Gra	nam Seconda	iry 🗆 Imagine Sec	ondary	☐ Kwíye	eqel Secondary	√ ☐ Sardis Secondary
The following documents	s must be in	cluded for	your applicatio	n to be	conside	ered:	
☐ Completed appli☐ 2 References☐ Transcript – Grac☐ Requested 'extra	des page only	(black out P	EN)			_	nents.
Applicants MUST ha	ave a valid SIN	N number to	apply for SD33 Fi	nancial	<u>Awards</u>		
Personal Information	l						
First Name First Name		Name ast Name			Student Number:	Student Nur	mber
Preferred Name	* toyt				Preferred Pronou		ntor toyt
Click or tap here to enter	text.				CHCK OF	tap here to e	nter text.
Click or tap here to enter	text.						
City	Postal Code	Telepho	ne		Email		
City	Postal C	Code Pho	ne Number		Email	Address	
Post-Secondary Plans	.						
Click or tap here to enter	tevt						
Post-Secondary Institutes		applied to (i	order of preferen	ce)			
Ist Choice	,	Program Nam	-			9	Start Date
Click or tap here to enter	text.	Click	or tap here to ente	r text.			Click to enter a date.
2nd Choice		Program Nam	*			9	Start Date
Click or tap here to enter	text.	Click	or tap here to ente	r text.			Click to enter a date.
3rd Choice		Program Nam	e			5	Start Date
Click or tap here to enter	text.	Click	or tap here to ente	r text.			Click to enter a date.
Affiliation Please indicate membership o award. Award Name	r connection o	f yourself or	family members to	a particu	ılar organ	nization if requ	ested for a particular
Click to enter text.		Click or	tap here to enter t	ext.			

Award Name	Affiliation	
Click to enter text.	Click or tap here to enter text.	
Award Name	Affiliation	
Click to enter text.	Click or tap here to enter text.	
Award Name	Affiliation	
Click to enter text.	Click or tap here to enter text.	
Award Name	Affiliation	
Click to enter text.	Click or tap here to enter text.	
Award Name	Affiliation	
Click to enter text.	Mother's or Guardian's Name	



Career Statement

Click or tap here to enter text.



Activities Resume

<u>Community Based Activity: Involvement/Service to others/Employment/Athletics/Fine Arts/Clubs/Conferences/Camps/Workshops etc.</u>

Grade	Name of Organization or Event	Select Applicable Category	Title and Description of Role	Total Number of HOURS (grades 10-12)
☐ 10 ☐ 11 ☐ 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
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☐ 10 ☐ 11 ☐ 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.



School Based Activity:

Involvement/Service to Others/Work Experience/Apprenticeship/Leadership/Athletics/Fine Arts/Clubs

Grade	Name of Organization or Event	Select Applicable Category	Title and Description of Role	Total Number of HOURS (grades 10-12)
☐ 10 ☐ 11 ☐ 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
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10 11 12	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.



Awards, Commendations or Positions of Leadership (Elected Positions, medals, awards, certifications etc)

Grade	Name of Organization	Title and Description of Role
☐ 10	Click or tap here to enter text.	Click or tap here to enter text.
□ 11		
☐ 12		
□ 10	Click or tap here to enter text.	Click or tap here to enter text.
□ 11		
☐ 12		
□ 10	Click or tap here to enter text.	Click or tap here to enter text.
□ 11		
☐ 12		
□ 10	Click or tap here to enter text.	Click or tap here to enter text.
□ 11		
□ 12		
<u> </u>	Click or tap here to enter text.	Click or tap here to enter text.
□ 11		
☐ 12		

Special Circumstances

If you have circumstances that you feel should be considered when assessing this application, state them here. (150 word max)

Click or tap here to enter text.



Budget

Estimated Cost of First Year at a Post-Secondary Institution

Yearly Income

\$0.00
\$0.00
\$0.00
\$0.00

Total Income \$0.00

Yearly Expenses

Tuition	\$0.00
Books, tools, other materials	\$0.00
Student Fees	\$0.00
Housing	\$0.00
Food	\$0.00
Clothing	\$0.00
Transportation	\$0.00
Phone	\$0.00
Utilities	\$0.00
Entertainment	\$0.00
Travel	\$0.00
Medical	\$0.00

Total Need (Income minus Expenses) \$0.00

\$0.00

Total Expenses



sert transcript here (grades page ONLY):	



Insert reference forms here:



Insert reference forms here:



Insert extra paragraph, essay or Chilliwack Foundation Grade Template (if required):