

BISHOP ALLEN ACADEMY  
UNIVERSITY SCHOLARSHIP APPLICATION PACKAGE

<b>Name:</b>	<b>Student Number:</b>
<b>E-mail Address:</b>	<b>Volunteer Hours Completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how many outstanding: _____
<b>Ethnic Origin:</b>	<b>Physical Disability/ Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe.
<b>Do you <u>require</u> financial support?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No Explain briefly (i.e. single parent).	<b>Describe any hardships or difficulties that may have affected your academic achievement to date.</b>

**Academic Excellence:**

Grade 11 Average: \_\_\_\_\_

**Briefly outline career goals:**

I am planning to apply to the following universities or colleges:

UNIVERSITY	PROGRAM

**RELEASE OF INFORMATION:** I permit all information on these sheets to be used within the school by staff involved with scholarship applications.

\_\_\_\_\_  
SIGNATURE

For Office Use Only- Date Submitted: \_\_\_\_\_



COMMUNITY INVOLVEMENT	YEARS (S)	MODERATOR'S NAME

**C. STUDENT LEADERSHIP (SCHOOL OR COMMUNITY)**

CLUB/ GROUP/ TEAM	LEADERSHIP ROLE	YEAR (S)	MODERATOR'S NAME

**D.** Other awards, distinctions, experiences, or merits not covered by the above that you want to bring to the attention of the Scholarship Committee.

**E. Prepare and attach a one page response (printed or keyed) to one of the following:**

Describe your most significant achievement to date and why you feel it is so **OR** describe a difficult leadership situation you faced and how you overcame it.

**F.** Please sign below your agreement and a parent/ guardian agreement for Bishop Allen Academy to acknowledge, publicly, your success in attaining a scholarship in a suitable manner (i.e. P.A. announcement, website announcement, notice board, newsletter, etc.)

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_