

BISHOP ALLEN ACADEMY
UNIVERSITY SCHOLARSHIP APPLICATION PACKAGE

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

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)	NUMBER OF HOURS	MODERATOR'S NAME

C. STUDENT LEADERSHIP (SCHOOL OR COMMUNITY)

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

D. WORK EXPERIENCE

Name of Employer	Duties	Hours (Weekly)	Supervisor's Name

E. 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: _____