

SD No. 42 Award Application School District No. 42 Maple Ridge – Pitt Meadows 22225 Brown Avenue, Maple Ridge, B.C. V2X 8N6 Phone: (604) 463-4200 2023/2024

#8, #9).

AWARD #:	AWARD NAME:	
Note: Applicar	nts must complete a separate application for each aw	vard applied for.
Sc	holarship Bursary (Appendix 0	Calso required) Award
Applicant:	Surname	Given name (s)
School:		
Home Address	5:	
City:		Postal Code:
Home Phone:		Cell:
Date of Birth:		PEN:
Email Address	:	
Parent/Guardi	ian:	
FUTURE PLAN	S: You may indicate more than one institution and/or	r area of study.
	Name of Post-Secondary Institution	Area of Study
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		
Use this check	list to ensure <b>all necessary documentation is include</b>	d, stapled and in the following order:
Pers BC D 2 let adm App	ninistrator, etc. endix C - Bursary Financial Information form (if apply	n #4). er, volunteering, coach, youth leader, community member, teacher,
Othe	er documentation as outlined in the District No. 42 A	
	DU NUT add additional inform	ation unless specifically requested

The information you are submitting is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FIPPA). This information is to be used by School District No. 42 (Maple Ridge – Pitt Meadows) for the purpose of evaluating and proofing applications for scholarships and/or bursaries. If you have any questions or concerns about the collection, use or disclosure of the personal information collected on this form please email privacy@sd42.ca.

## Please review and confirm consent below with your initials:

[\_\_\_\_] I acknowledge that I have read, understand and agree to the above and give my consent to the collection, use and disclosure of the personal information on this form for the above purposes.

[\_\_\_] I acknowledge, understand and agree that the information given in this application is true and correct and I understand that falsification or omission of information may result in the removal of my application.

[\_\_\_\_] I acknowledge, understand and authorize a copy of this application and/or full application package to be shared with organization/s and/or donor/s offering the award.