School District 42
Maple Ridge & Pitt Meadows
Learning Today, Leading Tomorrow

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
2025/2026

APPENDIX B

AWARD #: _____ AWARD NAME: _____

Note: Applicants must complete a separate application for each award applied for.

___ Scholarship ___ Bursary (Appendix C also required) ___ Award

Applicant: _____ _____
Surname Given name (s)

School: _____

Home Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Date of Birth: _____ PEN: _____

Email Address: _____

Parent/Guardian: _____

FUTURE PLANS: You may indicate more than one institution and/or area of study.

	Name of Post-Secondary Institution	Area of Study
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

Use this checklist to ensure **all necessary documentation is included, stapled and in the following order**:

___ Appendix B - Scholarship/Bursary Application page as a cover page.
___ Personal statement of application (refer to Page 10, Item #4).
___ BC Diploma Verification (MyEdBC) report.
___ 2 letters of reference from different sources i.e. employer, volunteering, coach, youth leader, community member, teacher, administrator, etc.
___ Appendix C - Bursary Financial Information form (if applying for a bursary or otherwise required).
___ Bursary statements; personal and parent (if applying for a bursary or otherwise required), (refer to Appendix C, Items #8, #9).
___ Other documentation as outlined in the District No. 42 Awards Book and applicable awards.

DO NOT add additional information 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.

_____ _____
Signature of Student Date