**Vancouver Catholic Schools Teachers’ Association**

**Grade 12 Scholarship Application**

Please complete this form in full and return it to the VCSTA Executive, C/O The Treasurer, by May 31st.

The following criteria must be met in order for an applicant to be declared eligible for a VCSTA scholarship:

1. Applicant must have at least three years of experience in the CISVA.
2. Applicant must have been a member in good standing of the VCSTA for at least three years.
3. The successful applicant must show they have been accepted to a post-secondary institution for the next academic year. Scholarships will be awarded up to $350 per person. A lottery will be drawn of all eligible applicants. A maximum of $2800 (8 @ $350) will be distributed.

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| --- | --- | --- | --- | --- | --- | --- |
| LAST NAME: |  | FIRST NAME & INITIAL: |  | NAME OF CHILD: |  | DATE OF APPLICATION: |
|  |  |  |  |  |  |  |
| HOME ADDRESS |  |  | CITY |  | POSTAL CODE |
|  |  |  |  |  |
| POSITION: |  | YEARS IN CISVA: |  | HOME PHONE: |  | WORK PHONE: |
|  |  |  |  |  |  |  |
| NAME OF HIGH SCHOOL: |  | NAME OF POST-SECONDARY INSTITUTION: |
|  |  |  |

***Employment record with the Catholic Independent Schools of the Vancouver Archdiocese (CISVA):***

|  |  |
| --- | --- |
| Present School | Previous School |
| Street Address Phone | Street Address Phone |
| City Postal Code | City Postal Code |
| Principal’s Name: | Principal’s Name: |
| Dates workedFrom: To: | Dates workedFrom: To: |

***Please describe the post-secondary goals of the student:***

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I hereby certify that the information on this application is true. I have attached a copy of acceptance to a post-secondary institution

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I understand that in the event of non-registration in the above post-secondary institution, or that some of the information on this form is untrue, I will be required to return the scholarship funds.

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