

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:

- a) Applicant must have at least three years of experience in the CISVA.
- b) Applicant must have been a member in good standing of the VCSTA for at least three years.
- c) 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.

LAST NAME:	FIRST NAME & INITIAL:	NAME OF CHILD:	DATE OF APPLICATION:
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
HOME ADDRESS		CITY	POSTAL CODE
<input style="width: 100%; height: 40px;" type="text"/>		<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
POSITION:	YEARS IN CISVA:	HOME PHONE:	WORK PHONE:
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
NAME OF HIGH SCHOOL:	NAME OF POST-SECONDARY INSTITUTION:		
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>		

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

Present School	Previous School
Street Address	Street Address
Phone	Phone
City Postal Code	City Postal Code
Principal's Name:	Principal's Name:
Dates worked From:	Dates worked From:
To:	To:

Please describe the post-secondary goals of the student:

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

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: _____