

Vancouver Catholic Schools Teachers' Association Grade 12 Scholarships Application

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

The following criteria must be met in order for an applicant to be declared and 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 shown they have been accepted to a post-secondary intitution 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 disributed.

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

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

Present School:	Previous School:
Street Address:	Street Address:
Phone:	Phone:
City:	City:
Postal Code:	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 information on this form is untrue, I will be required to return the scholarship funds.

Signature: _____

Date: _____