



2019 Scholarship Application Requirements

The following items must be attached for your application to be considered. **Any missing or incomplete information will be cause for disqualification.** After final decisions are made, all applications will be destroyed 30 days after the last commencement ceremony.

Please include your documents in this specific order. **Do not** include any additional information.

1. A Chilliwack Foundation Application (att).
Any other application form will render the application invalid.
2. Completed Grade Template (att)
3. A copy of your transcript verification
4. A copy of your most recent report card
5. Completed Activities Resume (att)
Volunteer activities must include a confirmation by the host organization/sponsor. Do not include WEX volunteer hours or any other work for which you've received compensation and/or course credit. Please print final document. Authorizing signatures are required (include activities in grades 10-12)
6. Personal Profile Statement 250-300 words
Describe yourself and how others would describe you. Include 1 or 2 accomplishments that you are proud of and why.
7. Special Considerations and/or Financial Need– 100 words or less
(items 6 & 7 are to be submitted on two separate pages)
8. **One** Reference Letter
9. Financial Information Worksheet (att)

Last Name

First Name

School



2019 Scholarship Application

*Students are eligible for Chilliwack Foundation Scholarships provided the application documents are in order, the student enrolls in an accredited post-secondary institution by September 2020 and is resident within the boundaries of the Chilliwack School District. No one student will be awarded more than one Chilliwack Foundation Scholarship. This application is for all Chilliwack Foundation scholarships. (Only one application is necessary) Private or home schooled students may only apply for the F Clifford Brown Award.
Please print final document. Authorizing signatures are required.*

PERSONAL INFORMATION

Name _____

Address: _____

Postal Code: _____ Telephone: _____

Email: _____

POST SECONDARY PLANS

Career Goal: _____

To which institutions have you applied:

1) _____ 2) _____

3) _____ 4) _____

Have you been accepted? Start Date _____

Yes No

GRADE TEMPLATE

Subject	Final Mark	Or Current Mark	For Official Use Only
English 12			
Social Studies 11			
Math 11			
Science 11			
12 *			
12 *			
12 *			
			=

* Academic and/or be specifically related to career goal.

Chilliwack Foundation Scholarships
2019 ACTIVITIES RESUME

Please provide clear, concise information in each category. Include activities in grades 10-12

Volunteer Experience (no remuneration – do not include WEX activities)

Name of Organization _____

Description _____

Dates _____

Authorized by _____
(print name) (signature)

Name of Organization _____

Description _____

Dates _____

Authorized by _____
(print name) (signature)

Name of Organization _____

Description _____

Dates _____

Authorized by _____
(print name) (signature)

Name of Organization _____

Description _____

Dates _____

Authorized by _____
(print name) (signature)

School Activities (eg; theatre, sports, tutoring, etc) Include activities in grades 10-12

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Community Activities (eg; sports, music, church, clubs) Include activities in grades 10-12

Name of Activity _____

Description _____

Dates _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Name of Activity _____

Description _____

Dates: _____

Employment (Paid) Include employment in grades 10-12

Employer/Company Name _____

Description _____

Dates _____

Name of Supervisor (please print) _____

Employer/Company Name _____

Description _____

Dates _____

Name of Supervisor (please print) _____

Employer/Company Name _____

Description _____

Dates _____

Name of Supervisor (please print) _____

Employer/Company Name _____

Description _____

Dates _____

Name of Supervisor (please print) _____

Financial Information Worksheet

Estimated Cost of First Year at a Post-Secondary Institution

Income

Value

Savings:	
Family Contributions:	
Work Income:	
Other:	
TOTAL INCOME	

Expenses - Education

Tuition:	
Books and Materials	
Supplemental (S.U. fees, copy centre etc.)	
Total Education Expenses:	

Expenses - Living

Housing:	
Food:	
Clothing:	
Transportation:	
Phone:	
Utilities (internet, TV, power etc.)	
Total Living Expenses:	

Expenses - Personal

Entertainment:	
Recreation/Hobbies:	
Travel:	
Medical:	
Other:	
Total Personal Expenses:	
TOTAL EXPENSES	

Total Need (difference between income and expenses)