

# SCHOLARSHIP APPLICATION INFORMATION FORM

Name \_\_\_\_\_ Home Form \_\_\_\_\_ Student No. \_\_\_\_\_

Please complete the following form in order to be considered as a candidate for nominated awards by Albert Campbell Student Services.

## *Positions of Leadership – School and non-school related*

<b>Gr. 9</b>	1.	<b>Gr. 11</b>	1.
	2.		2.
	3.		3.
<b>Gr. 10</b>	1.	<b>Gr. 12</b>	1.
	2.		2.
	3.		3.

## *Co-curricular Activities – School related*

<b>Gr. 9</b>	1.	<b>Gr. 11</b>	1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
<b>Gr. 10</b>	1.	<b>Gr. 12</b>	1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.

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## *Co-curricular Activities – Non-school related*

<b>Gr. 9</b>	1.	<b>Gr. 11</b>	1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
<b>Gr. 10</b>	1.	<b>Gr. 12</b>	1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.

## *Community Service (Volunteer)*

A.	MANDATED 40 hours: Organization	Hours	Year(s)	Grade(s)
1.				
2.				
3.				
4.				
B.	Additional Community Service: Organization	Hours	Year(s)	Grade(s)
1.				
2.				
3.				
4.				
5.				

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## *Part-Time/Summer Employment*

	Organization	Year(s)	Grade(s)
1.			
2.			
3.			
4.			
5.			

*What are your goals for your post-secondary education or career path?*

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