

**APPLICATION PACKAGE  
District/Authority Scholarship**

**What to do:**

1. Complete and submit this application **before Friday May 19<sup>th</sup> at the Front Office.**  
**(Or hand it directly to me, Shannon Warren before then).**
2. Thought email, and posted in the school, check your presentation time
3. A. Show up to the theatre **Monday 8:30am June 5<sup>th</sup>** for an introduction of the panelists  
B. Show up at your scheduled presentation time and do amazing things!

**About the Scholarship:**

Confirmed recipients receive a \$1,250 scholarship voucher. They can use this voucher to be reimbursed by the Ministry of Education for tuition paid at a post-secondary institution that is designated by the Province of B.C. (i.e., approved for Canada Student Loans) or a program provider that is approved by the Industry Training Authority.

Students have five years to redeem their District/Authority scholarship vouchers; an expiry date is printed on each voucher and extensions are not possible.

*This year DTSS has 8 available scholarships and OD has 1.*

**Eligibility:**

Students selected as conditional recipients of the District/Authority scholarship must satisfy the following requirements by August 31 of their graduating year to be confirmed as a recipient and receive their scholarship voucher.

1. Must be a Canadian citizen or permanent resident (landed immigrant) and have that on record with the school at which you registered for Grade 12
2. Be a B.C. resident
3. Be or have been in a BC school year for which the scholarship is awarded.

## Personal Information

Full Name (as it would appear on your high school transcript)

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Preferred Name (if applicable) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Personal Education Number (PEN) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

High school that you will graduate from \_\_\_\_\_

I am a Canadian Citizen\* ☐ I am a permanent resident (landed immigrant)\*: Yes      No

## Post-Secondary Plans

For which post-secondary program(s) do you plan to apply?

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What are your long-term career plans?

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### Area of Interest

Please check the **one** area you are applying under

- ☐ Applied Design, Skills, and Technologies
- ☐ Community Service (Volunteer Activity)
- ☐ Fine Arts
- ☐ Indigenous Languages and Culture
- ☐ Languages
- ☐ Physical Activity (and Health)
- ☐ Technical and Trades Training

### What's needed for your presentation?

Laptop, projectors, piano, tables etc. ?

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### Evidence of Achievement

*Students must provide evidence of outstanding achievement in their chosen area. Please attach a one-page statement that describes your achievements. Attach this page to your application.*

### References

Please list **two teachers and/or community members** who can attest to your achievements in your chosen area and who will provide a written reference on your behalf. The letters to give your **two** references are on the next pages of this application.

1. Reference Name \_\_\_\_\_ Position \_\_\_\_\_

Relationship to you \_\_\_\_\_

2. Reference Name \_\_\_\_\_ Position \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Applicant signature** \_\_\_\_\_

**Date signed** \_\_\_\_\_

**District/Authority scholarship Reference #1**

Thank you for providing a reference for the student named below who is applying for a District/Authority scholarship in the indicated area. Please complete the form and return it to the student.

Student Name: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

1) How long and in what capacity have you known the applicant?

2) How would you comment on the applicant's general attributes, such as attitude, communication, creativity, critical thinking, interpersonal skills, initiative, and leadership?

3) Please provide examples of and comment on the applicant's strengths in their chosen area.

4) What other comments do you wish to make in support of this applicant?

Name \_\_\_\_\_

Position \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

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

**District/Authority scholarship Reference #2**

Thank you for providing a reference for the student named below who is applying for a District/Authority scholarship in the indicated area. Please complete the form and return it to the student.

Student Name: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

1) How long and in what capacity have you known the applicant?

2) How would you comment on the applicant's general attributes, such as attitude, communication, creativity, critical thinking, interpersonal skills, initiative, and leadership?

3) Please provide examples of and comment on the applicant's strengths in their chosen area.

4) What other comments do you wish to make in support of this applicant?

Name \_\_\_\_\_

Position \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

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

**THIS IS A GUIDE OF WHAT THE PANALISS ARE LOOKING FOR ON THE DAY.**

**STUDENTS, YOU DO NOT NEED TO FILL THIS OUT.**

**STUDENT NAME:** \_\_\_\_\_

**Rubric for Evaluation of District Authority Scholarship**

Assessed Area: _____	Rating			
	Okay	Good	Great	Amazing
Demonstrated <b>excellence in chosen area</b> of interest or strength	3	6	9	12
Demonstrated <b>commitment</b> .	1	2	3	4
Demonstrated competency to <b>overcome obstacles and access resources</b> to achieve goals.	1	2	3	4
Demonstrated a <b>plan for the future and a connection of their passion or area of interest</b> to support their <b>growth, success</b> and/or <b>well-being</b> in their future plans.	1	2	3	4
Demonstrated competency to <b>communicate with intention for impact</b> to the Scholarship Committee members.	1	2	3	4
Strength of <b>reference</b> .	1	2	3	4
<b>TOTAL</b>	<b>/32</b>			