Scholarship Name:

Average %

(we will calculate this in the office)

Your Full Name:

Mailing Address:

Home Phone #: **Cell Phone #:**

Email:

Career Intentions: *(If undecided, list a couple of choices)*

Post-Secondary Institution(s) you plan to attend, in order of importance to you.

1.	
2.	
3.	

Program:

Length of Program:

Cost of tuition (yearly): **Cost of books:**

Other Costs: (specify)

Current Employer: *(where do you work)*

Current School Clubs and/or Sports (e.g. PSO Rugby, Grad Council, Leadership, etc.)

Current Community Clubs and/or Sports & Volunteer Positions (e.g. Performing Arts Society, Hockey etc.)

Fathers Name:		**Mothers Name:**	
Occupation:		**Occupation:**	
Employer:		**Employer:**	

By signing this form, I am authorizing my school to release my grades to the SD#27 - PSO Scholarship Committee for the purpose of determining scholarship distributions.

Student Signature: _____Parent Signature: _____