GENERAL APPLICATION **FORM**
100 MILE & DISTRICT SCHOLARSHIP & BURSARIES

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:** _____