

Vancouver Catholic Schools Teachers' Association Grade 12 Scholarship Application Form

Please complete this form in full and return it to the VCSTA Executive c/o The Treasurer, by May 31st.

The following criteria must be met in order for an applicant to be declared eligible for a VCSTA scholarship:

- a) Applicants must have at least three years experience in the CISVA
- b) Applicants must have been a member in good standing of the VCSTA for at least three years.
- c) The successful applicants must show they have been accepted to a post-secondary institution for the 2010-2011 academic year. Scholarships will be awarded up to \$250 per person. A lottery will be drawn of all eligible applicants. A maximum of \$1500 (6 @ \$250 each) will be distributed.

LAST NAME:	FIRST NAME AND INITIAL	NAME OF CHILD:	DATE OF APPLICATION
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
HOME ADDRESS:		CITY:	POSTAL CODE:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
POSITION:	YEARS IN C.I.S.V.A.	HOME TELEPHONE:	WORK TELEPHONE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NAME OF HIGH SCHOOL:		NAME OF POST-SECONDARY INSTITUTION:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

Employment record with the Catholic Independent Schools of the Vancouver Archdiocese (CISVA):

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Present School</td></tr> <tr><td>Street Address</td><td>Phone</td></tr> <tr><td>City</td><td>Postal Code</td></tr> <tr><td colspan="2">Principal's Name:</td></tr> <tr><td colspan="2">Dates worked:</td></tr> <tr><td>From</td><td>To</td></tr> </table>	Present School		Street Address	Phone	City	Postal Code	Principal's Name:		Dates worked:		From	To	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Previous School</td></tr> <tr><td>Street Address</td><td>Phone</td></tr> <tr><td>City</td><td>Postal Code</td></tr> <tr><td colspan="2">Principal's Name:</td></tr> <tr><td colspan="2">Dates worked:</td></tr> <tr><td>From</td><td>To:</td></tr> </table>	Previous School		Street Address	Phone	City	Postal Code	Principal's Name:		Dates worked:		From	To:
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Principal's Name:																									
Dates worked:																									
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Please describe the post-secondary goal of the applicant:

I hereby certify that the information on this application is true. I have attached a copy of proof of acceptance to a post-secondary institution.

I understand that in the event of non-registration in the above post-secondary institution, or that some of the information on this form is untrue, I will be required to return the scholarship funds.

Signature: **Date:**