**2024 PAST-DIRECTORS’ BURSARY**

**Application Form**

**Student Instructions: *Submit completed application form to your Guidance Counsellor by Thursday, May 1, 2024.***

***Please have your Guidance Counsellor, or another member of the school teaching staff, attest to your information and post-secondary plans in Section 2 of this application form.***

***Please submit completed applications by Friday, May 3, 2024 to*** [***heather\_mckinna@wrdsb.ca***](mailto:heather_mckinna@wrdsb.ca)

**Section 1 – To Be Completed by Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Information** | | | |
| **Student**  **Name:** | Last Name First Name and Middle Initial | | |
| **Home**  **Address:** | # and Street Address City Postal Code | | |
| **Email:** | | | **Phone:** |
| **Scholastic Data** | | | |
| In chronological order, please list the educational institutions attended during your last two academic years. | | | |
| **Name of School:** | | **From/To:** | **Grade Completed:** |
|  | |  |  |
|  | |  |  |
| **Post-Secondary Data (Please complete either Section 1A or 1B)** | | | |
| A. Name of educational institute you plan to attend during the 2024-25 academic year: | | | Campus and city: |
| Start date of studies:  Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Type of program:  Bachelor’s degree  College diploma  Apprenticeship  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Proposed field of studies: | | | Maximum length of post-secondary program: |
| B. Name of company you plan to complete your apprenticeship: | | | City: |
| Start date of apprenticeship:  Month: \_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Designation upon completion: |

|  |  |
| --- | --- |
| **Award Criteria** | |
| 1. In the space below, please give a brief description of your career plans upon graduation: | |
| 1. Please provide examples where you have demonstrated perseverance and/or overcome obstacles in order to achieve your career plans: | |
| **Declaration** | |
| I certify that all information provided in the application form is true and accurate to the best of my knowledge. I understand the acceptance of this application or receipt of any bursary/award issued to me may be revoked without notice if any information in this application is subsequently found to be false. | |
| Print Name: | Date: |
| Signature of Applicant: | |

**Section 2 – To Be Completed by Nominating Staff Member**

|  |  |
| --- | --- |
| **Staff Recommendation** | |
| **Name:** | Last Name First Name |
| **Position:** |  |
| 1. Please provide a description of the student’s key characteristics that make him/her a suitable candidate for this award: | |
| 1. Please provide an example of how this student has demonstrated perseverance, has overcome obstacles or made a remarkable comeback during his/her high school career: | |
| 1. Please provide confirmation of the student’s post-secondary plans: | |
| 1. Will this student be eligible for any other awards at commencement? Y \_\_\_\_ N \_\_\_\_ Please indicate below: | |