**School of Record:**  Chilliwack Secondary  G.W. Graham Secondary  Imagine Secondary  Kwíyeqel Secondary

**The following documents must be included for your application to be considered:**

Completed application form including Career Statement, Activities Resume and Budget.

2 References

Transcript (black out PEN)

Requested ‘extras’ such as a paragraph or cover letter. Do not add any unrequested documents.

***Applicants MUST have a valid SIN number to apply for SD33 Financial Awards***

**Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name  First Name | | Last Name  Last Name | | Student Number: | | Student Number |
| Preferred Name  Click or tap here to enter text. | | | | Preferred Pronouns (Optional)  Click or tap here to enter text. | | |
| Address  Click or tap here to enter text. | | | | | | |
| City  City | Postal Code  Postal Code | | Telephone  Phone Number | | Email  Email Address | |

**Post-Secondary Plans**

|  |  |  |
| --- | --- | --- |
| **Career Goal**  Click or tap here to enter text. | | |
| **Post-Secondary Institutes that you have applied to (in order of preference)** | | |
| **Ist Choice**  Click or tap here to enter text. | **Program Name**  Click or tap here to enter text. | **Start Date**  Click to enter a date. |
| **2nd Choice**  Click or tap here to enter text. | **Program Name**  Click or tap here to enter text. | **Start Date**  Click to enter a date. |
| **3rd Choice**  Click or tap here to enter text. | **Program Name**  Click or tap here to enter text. | **Start Date**  Click to enter a date. |

**Affiliation**Please indicate membership or connection of yourself or family members to a particular organization if requested for a particular award.

|  |  |
| --- | --- |
| Award Name  Click or tap here to enter text. | Affiliation  Click or tap here to enter text. |
| Award Name  Click or tap here to enter text. | Affiliation  Click or tap here to enter text. |

**Career Statement**

Click or tap here to enter text.

**Activities Resume   
Community Based Activity: Involvement/Service to others/Employment/Athletics/Fine Arts/Clubs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grade** | **Name of Organization or Event** | **Select Applicable Category** | **Title and Description of Role** | **Total Number of HOURS (grades 10-12)** |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**School Based Activity:**

**Involvement/Service to Others/Work Experience/Apprenticeship/Leadership/Athletics/Fine Arts/Clubs** –   
State if hours recorded are mandatory for credit for a course such as Leadership, WEX 12A or WEX 12B

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grade** | **Name of Organization or Event** | **Select Applicable Category** | **Title and Description of Role** | **Total Number of HOURS (grades 10-12)** |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**Awards, Commendations or Positions of Leadership (Elected Positions, medals, awards, etc)**

|  |  |  |
| --- | --- | --- |
| **Grade** | **Name of Organization/Employer** | **Title and Description of Role** |
| 10  11  12 | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Click or tap here to enter text. |
| 10  11  12 | Click or tap here to enter text. | Click or tap here to enter text. |

**Special Circumstances**If you have circumstances that you feel should be considered when assessing this application, state them here. (150 word max)

Click or tap here to enter text.

**Budget**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Estimated Cost of First Year at a Post-Secondary Institution**   |  |  | | --- | --- | | **Yearly Income** |  | |  |  | | Personal Savings | $0.00 | | Family Contributions | $0.00 | | RESP | $0.00 | | Work Income | $0.00 | |  |  | | **Total Income** | **$0.00** | |  |  | |  |  | | **Yearly Expenses** |  | |  |  | | Tuition | $0.00 | | Books, tools, other materials | $0.00 | | Student Fees | $0.00 | | Housing | $0.00 | | Food | $0.00 | | Clothing | $0.00 | | Transportation | $0.00 | | Phone | $0.00 | | Utilities | $0.00 | | Entertainment | $0.00 | | Travel | $0.00 | | Medical | $0.00 | |  |  | | **Total Expenses** | **$0.00** | |  |  | | **Total Need (Income minus Expenses)** | **$0.00** | | |

**Insert transcript here:**

A white square with a blue border

Description automatically generated

**Insert reference forms here:**

A white square with a blue border

Description automatically generated

**Insert reference forms here:**

A white square with a blue border

Description automatically generated

**Insert extra paragraph, essay or Chilliwack Foundation Grade Template (if required):**A white square with a blue border

Description automatically generated