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| **Your Full Name:** |  |
| **Sin #** |  | **Birthdate:** |  |
| **Mailing Address:** |  |
| **Home Phone #:** |  | **Cell Phone #:** |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**