



## Ministry of Education Dogwood/District Authority Award Application Form

All graduation requirements must be fulfilled by August 31st of graduating year to be considered for an award.  
Applications are advised that they can be awarded both a Provincial and Dogwood Scholarship.

<b>PEN:</b>	<b>Date of Birth: (YYMMDD)</b>
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**1. School Name:**

**2. Student's Name:**

Family Name	Given Name (s)
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**3. Mailing Address:**

Address	City	Postal Code
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**4. Phone Number:**

**5. I am:** (a) A Canadian Citizen  (b) A Permanent Resident

**6. Post-Secondary Education plans for next year:**

**7. Records: Please complete or attach an Interim Transcript of Grades signed by the Principal**

Grade 11 Course:	Letter Grade:	Grade 12 Course:	Letter Grade:	Pts.	Spec.
1					
2					
3					
4					
5					
6					
7					
8					
9					

**8. Please indicate the area for which you wish to be recognized for your outstanding achievement.**

Provide information about your school and community involvement/achievements since the beginning of grade 10 in each of the areas for which you wish to be considered (attach separate sheet).

- Indigenous Languages and Culture**, demonstrated at school or in the community
- Fine Arts** (eg. Visual arts, dance, drama, music)
- Applied Skills** (eg. Business education, technology education, home economics)
- Physical Activity** (eg. Athletics, dance, gymnastics, not limited to physical education)
- International Languages** with integrated resource packages (IRPS) or external assessments, including AP and IB Courses
- Community Service** (Volunteer Activity) which includes demonstration of local and global issues and cultural awareness
- Technical and Trades Training** (eg. Carpentry, automotive, mechanics, cook training)

**9. I hereby certify that the information I have supplied above is correct.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**10. This section is to be completed by the Principal.**

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| 1. I anticipate that this applicant will fulfill graduation requirements by August 31st this year. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. This applicant is recommended for the award.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Date: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_