

LCHS Common Scholarship Application

**\*\*When opening this application, click enable editing. then save as:**

**Last Name, First Name Scholarship Application**

**Part A**

1. General Information

Date: Click or tap to enter a date.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

 *Street Address*

 Click or tap here to enter text.

 *City/Town & Province*

 Click or tap here to enter text.

 *Postal Code*

Cell Number: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

1. Are you living in a single parent/guardian family? Choose an item.
2. Do you have siblings? Choose an item.

 If yes, how many: Choose an item.

1. Provide any financial considerations that you feel apply to you. (only if applying to scholarships that ask for financial need to qualify)

Click or tap here to enter text.

1. Educational Institution

Name: Click or tap here to enter text.

Program of study: Click or tap here to enter text.

Length: Click or tap here to enter text.

**Part B**

Please type and attach the answers to the following questions:

1. Please list the school activities you were involved in and indicate which grade you were in when involved

Click or tap here to enter text.

1. Please list the community activities you were involved in and indicate the years in which you were involved (sports, church, clubs etc)

Click or tap here to enter text.

1. Volunteer activities (what was it, time involved)

Click or tap here to enter text.

1. Awards and special recognition received during your high school years (Baron of the Month, Honours, Distinction, etc)

Click or tap here to enter text.

1. Other information or interests that could help the Awards Committee make a decision. Include hardships, disabilities, special circumstances, special awards recognition received outside of school. Include if you would like this to be known.

Click or tap here to enter text.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*Remember to have a teacher fill out the following sheet\*\*\*\***

**School Report for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Student Name***

**In what capacity have you worked with this student?**

**Comment on applicant’s creativity, leadership, attitude, sociability, demonstration of responsibility, work habits, etc.**

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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