SCHOLARSHIP & BURSARY

Application Form



PERSONAL DETAILS			
Name:		Social Insurance Number (required):	
Street Address			
Mailing Address			
City & Postal Code			
Cell Phone #		Personal Email	
FAMILY AFFILIATIONS			
Please indicate if you or a family member are affiliated with one or more of the following organizations:			
	Oliver Elks	Eastern Star/ Mason Catholic Communi	ity
	Oliver Kiwa	nis Royal Canadian Legion Sikh Community	
	Oliver Rota	ry Okanagan Falls Resident	
		-y	
SCHOOL-BASED SCHOLARSHIP AND BURSARY POLICY			
scholarships. Additionally, incidents of cheating or plagiarism may affect a student's eligibility to be considered for school-based scholarships. Selections may be based on academic standing, citizenship, attendance, participation in school activities and/or financial need. Scholarship applications are available in the office. Completion of this Scholarship and Bursary application form is required for the applicant to be considered for school-based awards The school-based Scholarship and Bursary Policy has been read and agreed to by the student named on this application.			
Student Signature		Date	
Note to applicant: Most school-based awards are available for students to claim for up to 2 years			
			Completed and
		or SOSS Teacher Recommendation Form (sealed and signed preferred)	Attached (✓)
2 Letter to outline what makes you a good candidate, including your strengths and accomplishments			
3 List of community service you have completed or currently participate in			
4 A document detailing what you have done to enhance the climate and culture of SOSS			
5 A do	cument outli	ning your post-secondary plans	
Please return your completed application along with all required documents to the office by Friday, February 28, 2025.			
Office Use	Received	by Date Received	
			2024-2025