

**Due: Tuesday, February 29/2024
at 3:00 p.m.
Counselling Office**

To be completed by school office

School Percent _____

DAA Percent _____

D.W. Poppy & Open District Scholarship Application 2023-2024

Student #: _____ PEN #: _____

Legal Last Name: _____ Legal First Name: _____

Usual Name (if different) _____

* Social Insurance Number _____ Phone Number _____

_____ Address _____ City _____ Postal Code _____

_____ Student Email _____ Parent Email _____

***Social Insurance Number must be provided at the time of application in order for your application to be processed.**

I am a: Canadian Citizen ☐

Permanent Resident ☐

Occupation or Career Goal _____

Post-Secondary Institutions that you have applied to 1 _____ 2 _____ 3 _____

Financial Need?

Some scholarships are only available for students whose families are experiencing financial difficulties. If your family has some financial stress or other extenuating circumstances that make it difficult for you to attend post-secondary **you must complete an online form (scan the QR code below to access the form)**. All information is kept confidential.



****I understand that the names of the winners of Langley Scholarships (provincial, district, and local) will be subject to publication and scholarships will be awarded at the Scholarship Tea on June 5, 2024 at the Langley Golf Center.**

Parent Signature _____ Applicant Signature _____

Please note: School and Open District Scholarships must be redeemed within two years of graduation. Ministry District Authority Awards must be redeemed within five years of graduation.

Some scholarships have very specific criteria. To determine if you are eligible, please complete the information.

Elementary School attended for Gr. 7 _____ For which grades did you attend this school _____

Do you have a parent who is a member of CUPE Local 1260? (Bus Driver, SEAs and Clerical?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O3
Do you plan to pursue a career in the TRADES?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O9/34/ P21/32/9
Do you plan to pursue a career in EDUCATION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O68/P14
Are you considering a career in firefighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O4
Are you considering a career in emergency services? (Police, paramedics, customs, fisheries, corrections)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O4/17/63
Are you taking, or have you taken, Law 12? _____%	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O7
Are you considering a career in veterinary training or related field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O11
Are you pursuing a career in the FINE ARTS? (Art, music, dance, theatre)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O12/38/37/47/67 P20/28
Are your parents members of Aldergrove Slo Pitch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O13
Have you played with Aldergrove Minor Baseball for at least 4 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O56
Are you playing or have you played hockey for Aldergrove Minor Hockey? If yes, how many years? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O18
Are you planning a career in medicine or nursing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O19/O25
Do you have a parent who is a member of CUPE Local 1851 Maintenance/Custodians?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O24
Are you a child or grandchild of an active Beta Sigma Phi member in good standing in the Langley area? Member name: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O28
Do you have a relative who works for Cloverdale Paint? Name: _____ Relationship: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O31
BIG Brothers/ BIG Sisters Association:			
<input type="checkbox"/> Have you had a Big Brother or Sister from this Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O32
<input type="checkbox"/> Have you been a mentor for Big Brother or Sister's Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you planning a career in business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O8/33/42/31/73
Are you a member of Langley Rugby Club and/or DW Poppy Rugby Teams? If yes, how many years _____.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O26/P9
Do you have an association with Langley Oddfellows or Rebekahs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	P7
Are you planning to study automotive/mechanics after high school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	P24
Do you have a family member who is a member of the Aldergrove Legion who is or has been a member of the Armed Forces, RCMP, allies of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	P8
Is your parent/grandparent a member of G&F Financial or Aldergrove Financial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O72/P12
Have you played with the North Langley Basketball Assoc. for 2 or more years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O54
Are you planning to study political science and/or international relations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O66
Have you been diagnosed with ADHD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	O61

Employment/Work Experience (list the most recent first)

EMPLOYER	RESPONSIBILITIES	SKILLS DEVELOPED	DATES

Volunteer Activities (around the school) list the most recent first

ORGANIZATION AND/OR ACTIVITY	ROLE	DATES	TOTAL HOURS	SPONSOR/SUPERVISOR

School Involvement (clubs, committees, etc.) and your role in each

ORGANIZATION AND/OR ACTIVITY	ROLE	DATES	TOTAL HOURS	SPONSOR/SUPERVISOR

Community Involvement (groups, programs, church, etc.)

ORGANIZATION AND/OR ACTIVITY	ROLE	DATES	TOTAL HOURS	SPONSOR/SUPERVISOR

Athletic Involvement (*sports, programs, teams, coaching, officiating etc.*)

SPORT AND/OR ACTIVITY	ROLE	DATES	TOTAL HOURS	COACH/LOCATION	IN SCHOOL OR COMMUNITY?

Academic Awards (*top student, academic competitions, medals, honourable mentions, etc.*) received in Grades 8-12

AWARD	DESCRIPTION	YEAR (S) RECOGNIZED

Other (*awards and service, citizenship, athletic, training certificates etc.*) received in Grades 8-12

AWARD	DESCRIPTION	YEAR (S) RECOGNIZED

Other Scholarships. We would like to recognize students that are awarded Entrance Scholarships or other scholarships not associated with D W Poppy. Please list all other scholarships you have applied for and won, including amount.

NAME OF SCHOLARSHIP	APPLIED	ACCEPTED	AMOUNT

District Authority Scholarship

The District Authority Scholarship recognizes BC students for excellence in their chosen areas of interest or strength. These scholarships are intended to help students pursue post-secondary education. The award is a \$1250.00 voucher that can be used toward post-secondary education tuition. They must be redeemed within 5 years from September 30th of a student's graduating year.

To be considered for District Authority scholarship, the student must:

- ✓ Be a Canadian citizen or permanent resident (landed immigrant)
- ✓ Must graduate this school year
- ✓ Minimum average of 67% over grades 11 and 12
- ✓ Display satisfactory qualities of attendance, punctuality, initiative and cooperation
- ✓ Complete the attached application form in full (incomplete applications will not be considered)
- ✓ Include a statement of achievement
- ✓ Include the completed reference form

This application is due back to the Counselling Office by **February 29th, 2024 by 3pm** .

HOWEVER:

IF YOU ARE ELIGIBLE FOR THE INDIGENOUS LANGUAGES AND CULTURE YOU MUST HAVE THIS APPLICATION IN TO MS. BLOUNT or MS. DENNISON BY **FEBRUARY 15, 2024 AT 3:00 PM**.
NO LATE APPLICATIONS WILL BE ACCEPTED.

District Authority Scholarship Application Form

Voucher No. _____

School: DW Poppy PEN: _____ Social Insurance Number: _____

Last Name: _____ First Name: _____

Date of Birth: Year: _____ Month: _____ Day: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

☐ Canadian Citizen ☐ Landed Immigrant

Area of Interest

Please check the one area of interest or strength for which you are making this application:

- ☐ Indigenous Languages and Culture (Aboriginal leadership, First Nations Social Studies, Carving, Stolo awards, tribe/band functions; demonstrated at school or in the community)
- ☐ Fine Arts (Visual Arts, Dance, Drama, Music, Photography, Creative Writing or Film)
- ☐ Applied Design, Skills & Technologies (Business Ed, Technology Ed, Media Arts, Home Economics)
- ☐ Physical Activity (Provincial/National Athlete, PE 11/12, Dance or Gymnastics)
- ☐ International Languages (international languages besides English through course work or external assessments, AP)
- ☐ Community Service (demonstration of local, global & cultural awareness, volunteer activity not related to course work)
- ☐ Technical and Trades Training (Carpentry, Automotive, Electrical, Hairdressing, Culinary, Piping & Plumbing, Horticulture)

Statement of Achievement

This application requires that you attach a one-page statement (written by you) that describes your achievement. If your achievement is not a school activity, please also attach evidence of your achievement (e.g. letter from coach etc.).

Confidential Reference Form

You are required to have a person familiar with your achievement complete the included reference form and return it to you in a sealed envelope. Include this reference with your application.

For Office Use Only - Average Calculation

Five Core Courses:

1. English 11/ Comm 11 _____
2. English 12 _____
3. Socials 11 _____
4. Math 11 or 12 _____
5. Science 11 or 12 _____

THREE or FOUR Grade 11 or 12 Specialty Courses

6. _____
7. _____
8. _____

THREE or FOUR Additional

- _____
- _____
- _____
- _____

Average: _____

District Authority Scholarship Confidential Reference Form

Thank you for providing a reference for the student named below, who is applying for a District Authority Scholarship in the indicated area of interest. Please complete the form and return it to the student in a sealed envelope with your signature across the envelope flap.

Student Name:

Area of Interest

Please check the one area of interest or strength for which you are making this application:

- ☐ Indigenous Languages and Culture (demonstrated at school or in the community)
- ☐ Fine Arts (e.g. Visual Arts, Dance, Drama, Music, Photography, Creative Writing or Film)
- ☐ Applied Skills (e.g. Business Ed, Technology Ed, Computers, Home Economics)
- ☐ Physical Activity (e.g. Athletics, Dance Gymnastics, not limited to Physical education)
- ☐ International Languages
- ☐ Community Service
- ☐ Technical and Trades Training (Carpentry, Automotive, Electrical, Hairdressing, Piping & Plumbing, Culinary, Horticulture)

How long and in what capacity have you known the applicant?

Please rate the applicant's quality of attributes as they relate to the area of interest

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Initiative/Motivation	_____	_____	_____	_____	_____
Collaboration/Leadership	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Critical Thinking	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____

Please comment on the applicant's unique strengths as they pertain to their chosen area of interest. Please include examples that illustrate the applicant's strengths.

Referee's Name:

Signature: _____

Position:

Date: _____