



2021 STUDENT SCHOLARSHIP CLAIM FORM
(Foundation administered scholarships only)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ PHONE _____

_____ POSTAL CODE _____

YOUR EMAIL _____ PARENT PHONE _____

SIN _____

POST SECONDARY INSTITUTION _____ PROGRAM _____

HIGH SCHOOL YOU GRADUATED FROM _____ YEAR _____

DATE _____ STUDENT SIGNATURE _____

N.B. Donor thank you letter: You must submit a copy of your thank you letter to your scholarship counsellor. All personal information received by the Foundation is kept confidential.

SCHOOL OFFICIAL/COUNSELOR
 SIGNATURE _____

Indicates student has completed Claim Form and has submitted enrolment data to school office.

In adhering to COVID-19 restrictions, please email all completed students claim forms to scairns@sd35.bc.ca and jdorland@sd35.bc.ca

SCHOLARSHIPS CLAIMED

Scholarship No.	Scholarship Name	Amount	Trust Code
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL AMOUNT CLAIMED		\$ _____	

-----FOR OFFICE USE ONLY-----

SIGNATURE _____ DATE _____