



**Completed applications must be returned to your school counsellor by April 24, 2026.**

Awards are sponsored by community organizations for the benefit of SD72 students.

All applications are treated as confidential.

#### **GENERAL**

- Must be graduating from a SD72 secondary school and planning to attend a post secondary program in the year immediately following graduation, unless there are extenuating circumstances.
- Age limit: not older than 19 years by December 31, 2026.
- Application must include school transcript.

#### **APPLICANT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_

#### **FUTURE EDUCATIONAL PLANS**

Name of Institution \_\_\_\_\_ Location \_\_\_\_\_

Degree/Diploma to be earned \_\_\_\_\_ Length of Program \_\_\_\_\_

Have you applied? Yes        No        If yes, have you been accepted? Yes        No       

Career Aspirations \_\_\_\_\_

#### ***Estimated Cost of the First Year of Study:***

Tuition Fees \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Estimate cost of living  
(e.g. room and board) \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

**Total Estimated Cost:** \$ \_\_\_\_\_

#### **EMPLOYMENT HISTORY**

<b>Dates of Work</b>	<b>Job &amp; Employer</b>	<b>Hours per Week</b>	<b>Hourly Rate</b>

**COMPLETE THE FOLLOWING SECTION TO THE BEST OF YOUR KNOWLEDGE**

Student's estimated personal savings as of June 30 of your Grade 12 year: \$ \_\_\_\_\_

Estimated summer job savings: \$ \_\_\_\_\_

Scholarships and Bursaries already received: \$ \_\_\_\_\_

Name of award(s) received \_\_\_\_\_

Estimated parental contribution to your education: \$ \_\_\_\_\_

Any other sources of financial aid: \$ \_\_\_\_\_

**Total Funds Available:** \$ \_\_\_\_\_

Approximate value of any motor vehicle(s) you own: \$ \_\_\_\_\_

**FAMILY FINANCIAL INFORMATION: This section to be completed by the student's parents/guardians.**

\*This information is treated as confidential and will only be reviewed by school counsellors and administrators for the purposes of determining bursary awards.

Parent/ 1 name \_\_\_\_\_ Parent 2 name \_\_\_\_\_

Employer 1 \_\_\_\_\_ Employer 2 \_\_\_\_\_

Job title 1 \_\_\_\_\_ Job title 2 \_\_\_\_\_

Mark an X in the box that equals your parents' estimated combined gross income for 2025:

<input type="checkbox"/>						
<\$25,000	\$26-\$45,000	\$46-\$70,000	\$71-\$95,000	\$96-\$120,000	\$121-\$150,000	>\$151,000

**Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Factors which would affect your ability to contribute to your child's education  
(e.g. employment history, unusual family expenses, etc.)**


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**SPONSORING ORGANIZATIONS INCLUDE:**

Altrusa Club of Campbell River  
CR Fraternal Hall Soc., Fraternal Order of Eagles  
Campbell River Friends of Music scholarship  
Campbell River Hospital Auxiliary  
CRRTA (Campbell River Retired Teachers' Association)  
Don & Mavis Larmour vocational award  
Garry and Gretel Griffin bursary  
Global Citizen Award  
International Program (International Students)  
Kinsmen Club of Campbell River

Kyle & Sarah Leigh teacher education award  
Ladies Auxiliary to the Eagles  
Mid-Island Co-op  
Mike McInnes memorial forestry award  
Mosaic Forest Management scholarship  
Doug Nielsen memorial award  
Royal Canadian Legion Branch 137  
Ryan Vending  
The Truck Loggers Association  
Vancouver Island Real Estate Board

**List any of the organizations, noted above, with which you, your parents or grandparents are affiliated.**

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**Provide a short write up of your involvement in these areas:**

Volunteer activities: \_\_\_\_\_

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Work in the community: \_\_\_\_\_

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Athletics: \_\_\_\_\_

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Leadership: \_\_\_\_\_

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Environmental and social justice causes:

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I hereby certify that all information on this application is, to the best of my knowledge, correct.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian(s) \_\_\_\_\_

I further consent to the release of my name and/or picture to School District 72 and the organization donor for recognition purposes should I be awarded a bursary/scholarship.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian(s) \_\_\_\_\_