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Complete this application form and attach additional required documents at the end.

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**Personal Information**

|  |  |  |
| --- | --- | --- |
| First NameFirst Name | Last NameLast Name | School NameSchool |
| Preferred Name (Optional)Click or tap here to enter text. | Preferred Pronouns (Optional)Click or tap here to enter text. |
| AddressClick or tap here to enter text. |
| CityCity | Postal CodePostal Code | TelephonePhone Number | EmailEmail Address |
| Father’s or Guardian’s NameFather’s or Guardian’s Name. | Mother’s or Guardian’s NameMother’s or Guardian’s Name |

**Post-Secondary Plans**

|  |
| --- |
| **Career Goal**Click or tap here to enter text. |
| **Post-Secondary Institutes that you have applied to (in order of preference)** |
| **Ist Choice**Click or tap here to enter text. | **Program Name**Click or tap here to enter text. | **Start Date**Click to enter a date. |
| **2nd Choice**Click or tap here to enter text. | **Program Name**Click or tap here to enter text. | **Start Date**Click to enter a date. |
| **3rd Choice**Click or tap here to enter text. | **Program Name**Click or tap here to enter text. | **Start Date**Click to enter a date. |

**Affiliation/Special Circumstances**If you have circumstances that you feel should be considered when assessing this application, state them here.

Click or tap here to enter text.

**The following documents must be included for your application to be considered:**

* ***Incomplete or late applications will not be considered.***
* ***Attach additional required documents at tne end of your application.***

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| [ ]  Career Statement (Included below)[ ]  Activities Resume (Included below)[ ] Completed Budget Form (Included below) | [ ]  Media Release Form (Included below)[ ]  Letters of Reference (maximum 3) (Insert below)[ ]  Transcript Verification Report (black out PEN) (Insert below) |

**Career Statement**

Describe yourself and how others would describe you. What are your post secondary plans and why?

Click or tap here to enter text.

**Activities Resume** Complete the following sections. Begin with the current year at the top of each section and include only those activities undertaken in Grades 10 –12

**Community Based Activity: Involvement/Service/Employment**/**Athletics/Fine Arts/Clubs** – list both voluntary and paid **time**

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| --- | --- | --- | --- |
| **School Year** | **Name of Activity** | **Nature of Involvement** | **Total Hours** |
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**School Based Activity: Involvement/Service/Work Experience/Apprenticeship/Leadership/Athletics/Fine Arts/Clubs** – State if hours recorded are mandatory for credit for a course such as Leadership, WEX 12A or WEX 12B

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| --- | --- | --- | --- |
| **School Year** | **Name of Activity** | **Nature of Involvement** | **Total Hours** |
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 **Awards or Commendations:** List awards and/or commendations that you have received in Grades 10 – 12.

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**Budget**

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| **Estimated Cost of First Year at a Post-Secondary Institution** |
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| **Income** | **Value** |
|  |  |
| Savings: |  |
| Family Contributions: |  |
| Work Income:  |  |
| Other:  |  |
| **TOTAL INCOME** |  |
|  |  |
| **Expenses - Education**  |  |
|  |  |
| Tuition: |   |
| Books and Materials  |  |
| Supplemental (S.U. fees, copy centre etc.) |  |
| **Total Education Expenses:**  |  |
|  |  |
| **Expenses - Living** |  |
|  |  |
| Housing:  |   |
| Food:  |   |
| Clothing: |  |
| Transportation:  |  |
| Phone:  |  |
| Utilities (internet, TV, power etc.) |  |
| **Total Living Expenses:** |  |
|  |  |
| **Expenses - Personal** |  |
|  |  |
| Entertainment:  |  |
| Recreation/Hobbies: |   |
| Travel:  |  |
| Medical: |  |
| Other:  |  |
| **Total Personal Expenses:** |  |
| **TOTAL EXPENSES** |  |
|  |  |
| **Total Need (difference between income and expenses)** |  |

**MEDIA CONSENT AND RELEASE FORM**

If you are selected as a recipient of one of the Chilliwack Foundation Awards, the information provided in this Application Form may be used by the Chilliwack Foundation for promotional purposes, including in the media or through social media, to showcase your achievement and the Chilliwack Foundation. The Chilliwack Foundation will do this ONLY IF YOU PROVIDE YOUR CONSENT by agreeing to the terms of the Media Consent & Release Form below. If you do not consent, your application standing is NOT affected.

I, Click or tap here to enter text. (type full name) agree to the following:

1. I give the Chilliwack Foundation permission to use any and all information I have provided in this Application Form, together with any and all photographs, video recordings and other records relating to my application for and/or receipt of a Chilliwack Foundation Award which may depict, record or refer to me in any manner (collectively, the “Material”), for the Chilliwack Foundation’s purposes, including without limitation for promotional purposes (including posts and advertisements on social media, the Chilliwack Foundation website, newspapers and other online and print platforms) related to the Chilliwack Foundation Scholarship Program.
2. I understand and agree that the Material may be used by the Chilliwack Foundation at any time for its purposes without my knowledge or further permission.
3. I understand and agree that I will not be compensated for consenting to the use of the Materials, and without limiting the generality of the foregoing I agree that the Chilliwack Foundation and its employees, agents and third-party consultants may use the Material through any media or printed format (such as newspaper, website, or social media) without compensation to me.
4. I understand that this permission for the Chilliwack Foundation’s use of the Material is for use anywhere in the world and on the internet and for an unlimited period of time.
5. I understand that the Material may be edited by the Chilliwack Foundation in its sole discretion, and I understand I will not have the chance to approve any final product, including any related social media posts, online materials, advertising copy, or printed matter using the Material.
6. I understand that the Chilliwack Foundation may authorize third parties to republish the Material in its sole discretion, and in such event the Chilliwack Foundation will not have control over the lifecycle of the Material (i.e. when it is posted or published, or when it is taken down).
7. I HEREBY RELEASE the Chilliwack Foundation and its respective directors, officers, employees, agents, successors, and assigns, from any and all claims, actions, damages, interest, costs, expense and compensation of whatsoever kind and howsoever arising, whether known or unknown, and which I now have or at any time hereafter can, shall or may have in connection with, or in any way resulting or arising from, the Material and its use or publication.
8. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.
9. I have fully read and understand this agreement.  I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, executors, administrators, and assigns may have against the Chilliwack Foundation.

By signing below, I acknowledge that I am 17 years of age or older and that I have read this Media Consent and Release Form and fully understand and agree to its terms, OR if the above-named applicant is under the age of 17, I am the Parent or Guardian of the above-named award applicant, and I acknowledge by signing below that I have read this Media Consent and Release Form and I fully understand and agree to its terms on the applicant’s behalf.

Click or tap here to enter text. Click or tap here to enter text.

Award Applicant’s signature OR Signature of Parent/Guardian

Dated Click or tap here to enter text., 2024

ATTACH ADDITIONAL DOCUMENTS