

Phone (250) 352-5644

APPLICATION FORM FOR DELANE H. REED MEMORIAL SCHOLARSHIP.

1. NAME IN FULL: \_\_\_\_\_  
(SURNAME) (CHRISTIAN NAME(S))

2. PERMANENT ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

3. NAME OF PARENTS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

4. EDUCATIONAL INSTITUTION YOU PLAN TO ATTEND: \_\_\_\_\_

5. WHAT IS YOUR PROFESSIONAL GOAL? \_\_\_\_\_

6. NAME & ADDRESS OF SCHOOL YOU ARE PRESENTLY ATTENDING:

\_\_\_\_\_

7. PLEASE ASK YOUR PRINCIPAL OR COUNSELLOR TO LIST THE SUBJECTS YOU ARE TAKING AND YOUR STANDING (PERCENTAGE AND/OR LETTER GRADE) IN EACH. IF ON SEMESTER SYSTEM, INCLUDE SUBJECTS TAKEN DURING THE YEAR.

SUBJECT	PERCENT	SUBJECT	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. THIS APPLICATION MUST BE ACCOMPANIED BY A LETTER FROM THE APPLICANT IN HIS/HER OWN HANDWRITING STATING BRIEFLY HIS/HER INTERESTS, HOBBIES, PARTICIPATION IN YOUTH ORGANIZATIONS, (SCHOOL & COMMUNITY) AND WHY HE/SHE THINKS THE AWARD SHOULD GO TO HIM/HER.