



CALGARY CATHOLIC
SCHOOL DISTRICT

Calgary Catholic School District Awards

NAME:

SCHOOL:

**Please remember this application is due to your Scholarship Coordinator by May 1.
Incomplete or late applications will not be accepted.**

City of Calgary Annual Scholarship

The value of this award is \$1,700

CCSD will distribute Ten (10) City of Calgary Annual Scholarships each school year.

The applicant shall:

- Have obtained their Grades 10 through 12 at a Calgary Catholic School within the city of Calgary.
- Have financial need.
- Be pursuing a post-secondary degree granting program within the City of Calgary.
- Be aware that one of the conditions of this scholarship is that you must not have received more than \$1,700.00 from other scholarships/awards, excluding the Alexander Rutherford Scholarship.



**CALGARY CATHOLIC
SCHOOL DISTRICT**

A. Personal and Academic Information

(Please print or type)

School:		
Legal Surname:		
Legal Given Names in Full:		
Former Names, if any:		
Calgary Catholic School Dist. I.D. No.	Alberta Education I.D. No.	Social Insurance No.
Date of Birth:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Year	Month Day	Age
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		

Please ensure you advise the Scholarship Coordinator at your high school of any change of address after submission this application.

CURRENT ADDRESS	PERMANENT ADDRESS
Street:	Street:
City:	City:
Province/Country:	Province/Country:
Postal Code:	Postal Code:
Home Telephone:	Home Telephone:
Cell Phone:	Cell Phone:
Email:	Email:

Grade	Name of High School	City/Province	Date Completed
10			
11			
12			

Your High School Transcript must be attached to this application.

Post-secondary institution(s) you plan to attend:
Program:
Degree:



**CALGARY CATHOLIC
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B. Financial Information

A copy of Income Tax “Notice of Assessment” must be attached for each Parent/Guardian for the current year.

Are you (Applicant) engaged in part-time employment? NO YES

Parent/Guardian 1 Net Income (From line 236 of Notice of Assessment)		\$
Parent/Guardian 2 Net Income (From line 236 of Notice of Assessment)	+	\$
Total Household Income for current year	=	\$

How many dependent children are there in your family? *Please list below*

Name	Age	School

Applicants are required to write a statement (maximum of 250 words) setting forth their need for financial assistance, noting any special family circumstances to support this application.

Large empty rectangular box for writing a statement.



**Freedom of Information and Protection of Privacy Act (FOIP)
Consent for Scholarship Award Applicants**

This page must be submitted with the General Application Form

1. The personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used for the purpose of reviewing the applications to select student award recipients for the Calgary Catholic School District Student Awards Program. If you have any questions about the collection, please contact the Supervisor, Guidance & Counselling, Calgary Catholic School District at 500-2474.
2. In order to publicly recognize the achievement of the student as a recipient of the award, a consent form is included with this application. The refusal to sign the consent form will not prejudice the consideration of the student's application for a scholarship award.

(FOIP) Consent Form for Scholarship Award Applicants

The signing of this consent form permits the school, the Calgary Catholic School District, and the Scholarship Founder(s), to publicly recognize the achievement of the student as a recipient of the award(s).

Authorization by student applicant/independent student:

As applicant/parent/guardian consent is given to the school, the Calgary Catholic School District, and the Scholarship Founder(s) to publish the student's name, school location with award(s) received and future post-secondary plans if selected for an award conferred during my grade ____ year at _____ High School. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including, but not limited to, newspaper, school newsletter, yearbook, and website, for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of scholarship award applications.

Date (mm/dd/yyyy)

Signature of Applicant/Independent Student

Date (mm/dd/yyyy)

Signature of Parent/Guardian

NOTE: *If the parent/legal guardian's signature is not required, the student must provide proof that he/she has independent status.*



Selection of Recipients

1. Application forms must be submitted **directly to your High School Scholarship Coordinator by May 1**, late applications will not be considered.
2. Applications submitted without all the required attachments will not be considered.
3. Recipients will be selected according to the guidelines set for each award.

By signing below, I acknowledge that:

- *The information provided for this application is true, accurate and complete.*
- *I am aware that providing incomplete or false information will be considered fraud and will allow the Calgary Catholic School district to cease future funding and to pursue recovery of funds paid under this scholarship.*
- *I acknowledge and agree that the disclosure of the information provided for this application, including my personal financial information, is required for the assessment of my child's/dependant's eligibility for this scholarship, and I hereby grant such consent as may be required by applicable privacy laws to the disclosure of my personal information for the purposes of assessing my child's/dependant's eligibility.*
- *I am aware that one of the conditions of this scholarship is that you must not have received more than \$1,700.00 from other scholarships/awards, excluding the Alexander Rutherford Scholarship.*

I certify that to the best of my knowledge the above information is correct.

(This application must be signed)

Date: _____ **Signature of Applicant:** _____

Signature of Parent(s)/Guardian(s): _____

Signature of School Scholarship Coordinator _____

STUDENT CHECKLIST OF ITEMS TO INCLUDE WITH THIS APPLICATION:	
<input type="checkbox"/>	Application form completed and signed
<input type="checkbox"/>	CSSD ID Number
<input type="checkbox"/>	Alberta Learning ID Number
<input type="checkbox"/>	Social Insurance Number
<input type="checkbox"/>	Income Tax Notice of Assessment for <u>each</u> income-earning adult in household as defined in Section B
<input type="checkbox"/>	High School Transcript
<input type="checkbox"/>	FOIP Consent Form signed