

**ST. CATHARINES COLLEGIATE INSTITUTE AND VOCATIONAL SCHOOL**

**Awards & Scholarships Application Form**

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NAME OF AWARD \_\_\_\_\_

YOUR NAME  
\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL INSURANCE NO. \_\_\_\_\_

POST-SECONDARY DESTINATION \_\_\_\_\_

POST-SECONDARY PROGRAM \_\_\_\_\_

CAREER YOU HOPE TO PURSUE \_\_\_\_\_

OTHER SCHOLARSHIPS/BURSARIES APPLIED FOR/RECEIVED \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

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ATTACHMENTS (IF ANY) \_\_\_\_\_

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