



# Chinook Learning Services Commitment to Learning Award

## For 2018 / 2019

The purpose of this award is to recognize students who have successfully completed their course(s), shown a commitment to their learning, and who plan to continue at Chinook Learning Services for the next academic semester or continue on to post-secondary studies.

Five awards in the amount of \$500.00 each will be presented to students who successfully complete the Fall semester. Five awards in the amount of \$500.00 each will be presented to students who successfully complete the Winter semester.

Select the award you are applying for:

- Fall Academic Award
- Winter Academic Award

## Eligibility/Criteria

- Students must be registered in at least one High School Upgrading credit course in our current Fall or Winter semester
- Regular attendance is a requirement
- Students must write a one page typed essay on the topic, "How Chinook Learning Services has contributed to my educational and personal goals".
- Application deadline is December 1 for the Fall Academic Award
- Application deadline is June 1 for the Winter Academic Award

## Applicant Information

Calgary Board of Education Number \_\_\_\_\_ Alberta Student Number \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender  Female  Male  Other/Not Disclosed

Legal Last Name \_\_\_\_\_ AKA Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_ AKA First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Note: Legal name must match the name on your legal document. Student's AKA Name is a name by which the student is commonly known in the family and community.

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

Cell / Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Declaration

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

\_\_\_\_\_  
**Signature of Applicant / Independent Student**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**



# Chinook Learning Services Academic Award

## Consent Form for Scholarship Award Applicants

The signing of this consent form permits the school, the benefactor, and the School Board to publicly recognize the achievement of the student as a recipient of the award.

### Authorization by student Applicant/independent Student:

As applicant of the award, I consent to the school, the benefactor and the School Board disclosing to the public my name, school location with award(s) received and my future post-secondary plans if I am a recipient of an award conferred during my \_\_\_\_\_ grade year at Chinook Learning Services. This disclosure 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 my accomplishment(s). I understand that my refusal to sign this consent form will not prejudice the consideration of my scholarship award application.

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**Signature of Applicant / Independent Student**

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**Date (MM/DD/YYYY)**