



TED ELPHICK MEMORIAL BURSARY

NOMINATION FORM
(to be completed by school staff)

Student's Name: (please print)

_____ (Surname) _____ (Given Names)

Home Address:

_____ Postal Code _____ Telephone

Extra curricular involvement profile:

Additional training at school that student is currently or has been engaged in:

Demonstration of ability to overcome physical or mental challenges:

Leadership skills:

Marks for Grade 11 & 12 courses (please attach a copy of transcript):

Hobbies and interests:

Post-secondary plans with tentative study and career plans:

If my application is successful, the application and related information may be forwarded to the donor and/or donor's organization.

Student's signature

Date

Staff signature

Date

PLEASE ATTACH COVERING LETTER AND LETTER(S) OF REFERENCE.

Final selection from those students nominated will be the responsibility of the District Scholarship Committee in consultation with a family representative.