Cut Knife Community School Scholarship Application

Cut Knife Community School
Box 430
Cut Knife, Saskatchewan
SOM ONO
Telephone: (306) 398-2333 **Fax: (306) 398-2223**

Applicant Information
Name: _____

Surname Given Name(s)

Parent/Guardian: _____

Address: _____

_____

Telephone: _____

Date of Birth: _____

Canadian Citizen: Yes _____ **No** _____

Social Insurance No. _____ **(This must be completed for Revenue Canada purposes.)**

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All applications must be submitted by May 30th

Thank you.

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Academic Information:

ACADEMIC STANDING:
Final overall average for Level 20 classes _____ %

Overall Level 30 average in the following subjects:
English 30 A and B _____
Social Studies _____
One Science _____
One Math _____
Approved Elective 30 _____

List Academic Honours or awards you have received:

Honour/Award **Year**

_____

_____

_____

_____

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Post-Secondary Education Plans:

Intended Institution:_____

_____

Intended Area of Study: _____

_____

Have you applied to your chosen academic institution? Yes _____ No _____

If yes, has your application been accepted?_____ Or is acceptance pending? ____

Discuss briefly your future plans and ambitions:

_____

_____

_____

Community Involvement:

List the major community activities in which you have taken part in the past three years and your role in these activities:

Activity	**Role**	**Year**

Select one of these and discuss why you became involved, how your community benefited, and what you gained from the experience.

_____

_____

_____

_____

_____

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Extracurricular Activities:

List the extracurricular activities in which you were involved during the past three years.

Activity	**Year**