

Handsworth Student Leadership/Development Fund Application Form

Name _____ Phone _____ Cell: _____

Address _____ City _____ Prov. _____

Postal Code _____ Student # _____ Date of Birth(D/M/Y) / ___ / ___ / ___

E-Mail _____ Grades attended at Handsworth _____

Please name and describe the Student Leadership/Development Opportunity that you are requesting funds for _____

Total Cost of program _____

Other funding sources: work _____ parents _____ grants _____ fundraising _____ other _____

Please provide the following information about your Participation and involvement from grades 8 to 12. For each, indicate when you were involved by grade and year.

Clubs or Council

School

Community

eg.

Grad Council

eg.

Church, Red Cross

Student Council

Cadets. Guides/Scouts

School _____

Community _____

Volunteer Activities

eg; T.A. Outdoor school

eg. Candy Striper

School _____

Community _____

Fine and Performing Arts

Eg. Royal Quest, Outside Drama, Year Book, Tech Crew
dance, music, literary, Band, Dance School play, Royal Conservatory

School _____

Community _____

Athletics

eg; Athlete, coach, manager, referee, scorekeeper, member/official Umpire, timer

School _____

Community _____

Competitions

eg; Math/Science, Public Speaking

eg; any outside award achieved

School _____

Community _____

Recognition/Awards

eg; Honor Roll, Subject,
Athletic (grade received)

eg; Any outside award received

School _____

Community _____

Work Record

Employer

Date of Employment
(duration)

Position

References

List references – academic, personal, and or work related

	Name	Position	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

What are your general career goals or pathway at this time? _____

Submitting Your Application

Please include with this application

- **Statement of consideration (about 250 words computer drafted) stating why you think you are a worthy candidate for the Student Development Fund. In particular, what skills or qualities define you and set you apart from your classmates.**
- **You may be required to be part of an interview process.**

SUBMIT THIS PACKAGE TO MS.STACEY SCHWEGLER Counselor/Teacher

Email: sschwegler@nvsd44.bc.ca

If requested I agree to share my experiences with my classmates

_____signature

_____date