



# Scholarship Application

FAMILY NAME		GIVEN NAME	
Campus of Interest			
Do you identify as a member of a racialized community?*		Which community/communities, if any, are you actively involved in?	
Yes	No		
Current School		Current Grade	
Student Email		Parent/Guardian Email	
Mailing Address			
City		Province/State	Postal/Zip Code
Parent Phone Number		Alternate Phone Number	

\*Blyth Academy is committed to mitigating imbalances of opportunity and social power.

### Have you submitted your academic application form?

- YES, via the Application Portal       YES, submitted to the Campus

*\*Please note that scholarship applications cannot be assessed until the academic application and fee have been submitted and you have spoken to the Principal of your campus of interest.*

**Please submit a copy of your most recent report card and/or transcript to be considered for a scholarship award.**

### WHICH SCHOLARSHIP CATEGORY ARE YOU APPLYING FOR? (select one)

#### ACADEMIC IMPACT

Recognizes students who have excelled in their studies to date and have also supported their peers in doing so.

#### ATHLETIC IMPACT

Recognizes students who have demonstrated passion for and success in an athletic pursuit.

#### COMMUNITY IMPACT

Recognizes students who demonstrate a genuine interest in the well-being of individuals in their community and are making a positive impact with their actions.

#### ENVIRONMENTAL IMPACT

Recognizes students who are working to make the world a cleaner, healthier, and more sustainable place.

#### GLOBAL IMPACT

In partnership with StudyInsured, recognizes an international student who demonstrates strong academic potential and curiosity about the world around them.

### BASED ON THE CATEGORY CHOSEN ABOVE, WHY DO YOU FEEL THAT YOU SHOULD BE A SCHOLARSHIP RECIPIENT?

HOW WILL YOU MAKE A POSITIVE CONTRIBUTION TO THE CAMPUS COMMUNITY?

WHO IS YOUR FAVOURITE TEACHER AND WHY?

DESCRIBE YOUR WORK, VOLUNTEER AND EXTRA-CURRICULAR INVOLVEMENT TO DATE

DO YOU SEE YOURSELF AS A LEADER? WHY?

HOW WOULD YOUR FRIENDS DESCRIBE YOU?

WHAT DO YOU WANT TO STUDY IN POST-SECONDARY? WHAT ARE YOUR CAREER GOALS?

WHY DID YOU CHOOSE TO STUDY AT BLYTH ACADEMY?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU THAT YOU FEEL IS IMPORTANT FOR YOUR APPLICATION?

Student Signature:

Date:

Parent / Guardian Signature:

Date: