COLD COMFORT TRADES, HEALTH CARE AND the ARTS SCHOLARSHIPS

DONOR: Cold Comfort Ice Cream, Autumn Maxwell

NUMBER: There is one individual scholarship

VALUE:

TENURE: Any full-time program at a recognized post-secondary education or training centre.

CRITERIA: 1. Indigenous student from the Greater Victoria School District #61

entering a culinary arts or food related career field.

2. Graduating Grade 12 student.

3. Good Citizenship and Leadership

DEADLINE: Wednesday, May 15, 2024

PROCEDURE: 1. Obtain an application on-line:-

https://ied.sd61.bc.ca/graduation/greater-victoria-sd61-scholarships/

or from your Indigenous school Counselor.

2. Include with the completed application:

a) transcript of marks for current school year.

b) two letters of reference: one from a school administrator/teacher; one personal.

c) cover letter or oral recording of your most memorable food related experience and/or why you are passionate about culinary arts.

3. Forward application and supporting documents to the Indigenous Education Office or school-based Counselor.

ADDRESS: Indigenous Education Office

Greater Victoria School District

556 Boleskine Road Victoria, B.C. V8Z 1E8

TELEPHONE: 250-475-4124 Email: cclaibourne@sd61.bc.ca

SELECTION: Sponsor, Autumn Maxwell

Cold Comfort Trades, Health Care and the Arts Scholarship Application 2024

Please return completed form to:

INDIGENOUS EDUCATION DEPARTMENT

Greater Victoria School District 556 Boleskine Road Victoria, B.C. V8Z 1E8

OR

SCHOOL-BASED COUNSELOR

DEADLINE FOR SUBMISSION OF APPLICATION: Wednesday, May 15, 2024

Cold Comfort Trades, Health Care & The Arts Scholarship

APPLICATION: 2024

| | SURNAME | GIVE | EN NAME |
|--------------------------|------------|-------------------|------------|
| Date of Birth:YR | Mo. Day | SIN Number: _ | |
| Address: | | | |
| Postal Code: | | Telephone: | Grade: |
| Email: | | | |
| First Nations Ancestry/E | Band: | | |
| School: | | School T | Гelephone: |
| School Address: | | | |
| | | | |
| EDUCATION | (LIST LAST | THREE SCHOOLS ATT | TENDED) |
| NAME OF SCHOOL | LOCAT | ION (CITY) | DATES |
| | | | |
| | | | |

|] | LIST ALL COURSES YOU ARE TAKING THIS YEAR: |
|---|--|
| | |
| | |
| | LIST ANY HONOURS OR AWARDS YOU HAVE RECEIVED DURING YOUR LAST THREE SCHOOL YEARS [SCHOLARSHIPS, SPORTS, CITIZENSHIP, FINE ARTS, SERVICE] |
| | |
| | |
| | SCHOOL, COMMUNITY & CULTURAL PARTICIPATION |
| | In what organizations, clubs or social activities in the school or community have you participated over the last three years? |
| | |
| | |
| | POST-SECONDARY CAREER PLAN |
| | What is your educational goal? |
| | What educational institute do you plan to attend next year? |
| | Province/State |
| | What degree/diploma do you plan to work for? |
| | |

| b) two letters of rec c) cover letter or o | eleted application: rks for current school year. ference: one from a school administrator/teac ral recording of your most memorable food resionate about culinary arts. | <u>*</u> | | |
|--|---|---|--|--|
| Please list the names of two people who would speak on your behalf if requested: | | | | |
| NAME | ADDRESS | PHONE | | |
| • | scholarship will choose the successful candid then no scholarships will be awarded. | lates. If there are no | | |
| suitable candidates, | - | | | |
| suitable candidates, Scholarship It is the responsibility | then no scholarships will be awarded. | date of award. cation is complete, an | | |
| suitable candidates, Scholarship It is the responsibility that all required informations. I understand that if I am the | then no scholarships will be awarded. must be claimed within two years of contents of each candidate to ensure that the application, documents and letters are enclosed experient of this award, my name and photograph my ctoria School District. The publications may include, | date of award. cation is complete, an with the application. nay be used in publications | | |