



Hugh McRoberts Secondary School School Scholarship Program

SUPPLEMENTAL FORM - SCHOOL ACTIVITY SHEET

Indicate your participation in **extra-curricular activities** by checking accurately opposite the listed activity in the correct vertical column showing the year in which you participated, and in some instances, the name of the position you held (e.g. Student Council President, Team Captain, etc.) or member of a specific club (e.g. Book Club). **An activity should only be listed once in the chart.** *Note, you must also complete an online 2017 McRoberts Scholarship Application form.*

NAME: _____ **PUPIL #:** _____

ACTIVITY	DESCRIPTION <i>(Athlete, Manager, Member, Participant, President)</i>	GR. 8	GR. 9	GR. 10	GR. 11	GR. 12
Art <i>(Does not include activities completed for a course).</i>						
Clubs						
Music <i>(Does not include activities completed for a course).</i>						
School Service <i>(Does not include activities completed for a course i.e. CPWE, Grad Transitions Human Services, Peer Helping)</i>						
Sports <i>(Does not include activities completed for a course i.e. CPWE, Grad Transitions Human Services, Peer Helping)</i>						
Student Council						
Theatre <i>(Does not include activities completed for a course).</i>						
Other <i>(Does not include activities completed for a course i.e. CPWE, Grad Transitions Human Services, Peer Helping)</i>						

Completed forms are due to your counsellor by Wednesday, April 12, 2017, 3:00 PM.



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SUPPLEMENTAL FORM - COMMUNITY ACTIVITY SHEET

Provide a summary of your community involvement below. The contact person should be somebody who can speak to and verify your community involvement. **An activity should only be listed once below.** *Note, you must also complete an online 2017 McRoberts Scholarship Application form.*

NAME: _____ **PUPIL #:** _____

• **COMMUNITY/VOLUNTEER SERVICE (Over the last 5 years)**

(Does not include hours completed for a course i.e., CPWE, Grad Transitions, Human Services, Peer Helping.)

	<u>DESCRIPTION</u> <i>(Role/Duties)</i>	<u>DATES & FREQUENCY</u>	<u>TOTAL HOURS</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	Richmond Hospital, Gift Shop Cashier	Nov 2015 – Feb 2016 2hrs/week	30 hrs	Jane Doe	778-555-5555
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

• **COMMUNITY EXTRA-CURRICULAR ACTIVITIES (Community Sports, Fine Arts, Youth Groups, etc.)**

(Does not include hours completed for a course i.e., CPWE, Grad Transitions, Human Services, Peer Helping.)

	<u>DESCRIPTION</u> <i>(Role/Duties)</i>	<u>DATES & FREQUENCY</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	Richmond Minor Hockey, Player	Sept 2012 – Mar 2015 6 months/year	John Doe	604-555-5555
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

• **WORK EXPERIENCE (Over the last 5 years)**

(Does not include hours completed for a course i.e., CPWE, Grad Transitions, Human Services, Peer Helping.)

	<u>DESCRIPTION</u>	<u>DATES</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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