



## Hugh McRoberts Secondary School School Scholarship Program

### APPLICATION FOR NOMINATION CONSIDERATION CMOLIK FOUNDATION SCHOLARSHIP

Please note: The school may nominate one (1) candidate for the Cmolik Foundation Scholarship.

NAME: \_\_\_\_\_ PUPIL #: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The Cmolik Foundation Scholarship is awarded to youth who have faced adversity in their lives and demonstrated tenacity. *The school may only nominate one candidate.*

#### Eligibility:

Please check that the following apply:

- ☐ I will graduate in June 2023
- ☐ I am attending McRoberts full time (minimum 6 courses)
- ☐ I have lived in Canada for at least 7 years
- ☐ I am a BC resident
- ☐ I have financial need (described in rest of application)
- ☐ I have faced adversity (described in rest of application)
- ☐ I am planning to study full-time at post-secondary institution
- ☐ I understand that this is for a nomination only. If I am nominated, I still need to complete an application form, which is due February 7, 2023.
- ☐ I have attached my grade 11 and grade 12 record of marks (includes Semester 1 marks for Grade 12)

***Completed forms must be submitted online to Mr. Li by January 13<sup>th</sup>, 2023 @ noon.  
Please attach a copy of your grade 11 & 12 Marks or Transcript.***

## ACTIVITY SHEET

Provide a summary of your 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: Does not include hours completed for a course i.e., CPWE, Grad Transitions, Human Services, Peer Helping**

• **EXTRA-CURRICULAR ACTIVITIES (Over the last 3 years – including grade 10, 11 and 12 only)**

	<u>DESCRIPTION</u> (Role/Duties)	<u>DATES &amp; FREQUENCY</u>	<u>TOTAL HOURS</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	Student Council, General Member	Sept 2019-2020 2hrs/week	80 hrs	Jane Doe	778-555-5555
1.					
2.					
3.					
4.					
5.					

• **COMMUNITY/VOLUNTEER SERVICE (For Grade 10, 11 and 12 only)**

	<u>DESCRIPTION</u> (Role/Duties)	<u>DATES &amp; FREQUENCY</u>	<u>TOTAL HOURS</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	Richmond Hospital, Gift Shop Cashier	Nov 2017 – Feb 2018 2hrs/week	30 hrs	Jane Doe	778-555-5555
1.					
2.					
3.					
4.					
5.					

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

	<b><u>DESCRIPTION</u></b> <i>(Role/Duties)</i>	<b><u>DATES &amp; FREQUENCY</u></b>	<b><u>CONTACT PERSON</u></b>	<b><u>PHONE #</u></b>
EX.	Richmond Minor Hockey, Player	Sept 2014 – Mar 2017 6 months/year	John Doe	604-555-5555
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

• **WORK EXPERIENCE (For Grade 10, 11 and 12 only)**

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

**FACING ADVERSITY:**

Briefly describe how you have undergone hardship or adversity in some form and how you have overcome this adversity.

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**FINANCIAL NEED:**

**Briefly describe how you require financial assistance to be able to attend post-secondary.**

**FUTURE PLANS:**

**Indicate which university/universities you are planning to attend:**

**First Choice:** \_\_\_\_\_ **Second Choice:** \_\_\_\_\_

**In what program do you plan to enroll?** \_\_\_\_\_

**After post-secondary study, what type of employment do you hope to attain:**

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