



LAURA SECORD SECONDARY SCHOOL
AWARD APPLICATION FORM

Please do not use pencil to complete this form.

AWARD INFORMATION

Name of Award

STUDENT INFORMATION

Student Name

Student Address

City

Postal Code

Phone Number

Date of Birth
(e.g. May 1, 1999)

Email Address
(Not DSBN Address)

POST-SECONDARY INFORMATION

Post-Secondary
Institution

Post-Secondary
Program

Future Career Choice

ADDITIONAL INFORMATION

Please give reasons why you are an excellent candidate for this award. You may wish to attach a separate page to this application form.

Applicant's Signature

Date of Application