



## **SCHOLARSHIP FOR A Graduating Grade 12 Child of a BTA MEMBER INFORMATION TO APPLICANTS**

### 1. QUALIFICATIONS

You must be a graduating Grade 12 Child of a BTA member currently employed by School District #41, or be a graduating Grade 12 child of a deceased or retired BTA member employed by School District #41 at the time of death or retirement.

You must be graduating from a public school as a member of the Class of 2024.

### 2. AWARD

There are **Two \$1000.00 Scholarships**.

### 3. AWARD CRITERIA

- \* High scholastic achievement
- \* School or community involvement
- \* Wide range of interests and achievements
- \* Financial Need
- \* Application submitted by the due date.

### 4. DEADLINE FOR APPLICATION

Your complete package must be at the BTA office by midnight **September 6<sup>th</sup>, 2024**.

### 5. INSTRUCTIONS FOR APPLICATION:

a) Send your application to:

**Burnaby Teachers' Association  
Scholarship Committee  
#115 - 3993 Henning Drive  
Burnaby, B.C. V5C 6P7**

b) Enclose:

- i) Application Cover Sheet
- ii) A copy of your final secondary school transcript
- iii) A list of secondary school/community involvement
- iv) A letter explaining why you believe you should be the recipient of this scholarship
- v) Three completed Confidential Reference Forms (or reference letters).

Burnaby Teachers' Association

**APPLICATION FOR SCHOLARSHIP FOR  
A GRADUATING GRADE 12 CHILD OF A BTA MEMBER  
COVER SHEET**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Post-Secondary Plans:**

**Institution:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Career Goal:** \_\_\_\_\_

**Name of Parent  
(BTA Member):** \_\_\_\_\_

**Parent's School (workplace):** \_\_\_\_\_

Burnaby Teachers' Association

**SCHOOL AND COMMUNITY INVOLVEMENT**

**1. School Service Activities:**

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**2. Community Service Activities:**

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SIGNATURE OF APPLICANT: \_\_\_\_\_

Burnaby Teachers' Association

**CONFIDENTIAL REFERENCE FORM**

To be completed by a teacher, administrator, employer, organization leader or family friend.

**APPLICANT'S NAME:** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THIS APPLICANT? :** \_\_\_\_\_

**IN WHAT CAPACITY HAVE YOU KNOWN THIS APPLICANT? :**

\_\_\_\_\_

The Selection Committee would greatly appreciate your confidential comments on this application. Your frank assessment will be invaluable in ensuring that the best applicant is chosen. Please use the space provided below or attach this to your reference letter.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FULL NAME OF REFEREE:** (Please Print)

\_\_\_\_\_

**SIGNATURE OF REFEREE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Please place in a **sealed** envelope for applicant's enclosure in his/her application for the Burnaby Teachers' Association Scholarship for a Graduating Grade 12 Child of a BTA member)