



2016 STUDENT SCHOLARSHIP CLAIM FORM

LAST NAME _____ FIRST NAME _____

ADDRESS _____ PHONE _____

_____ POSTAL CODE _____

YOUR EMAIL ADDRESS _____ PARENT PHONE NO. _____

STUDENT NUMBER (FROM POST SECONDARY INSTITUTION) _____

POST SECONDARY INSTITUTION _____ PROGRAM _____

HIGH SCHOOL YOU GRADUATED FROM: _____ YEAR _____ SIN _____

DATE _____ STUDENT SIGNATURE _____

NB: Donor thank you card: You must submit a copy of your thank you card to your scholarship counsellor. All personal information received by the Foundation is kept confidential, but your name may be published in local papers or on our Website.

WGSS COUNSELLOR SIGNATURE _____

(Indicates student has completed claim form and has been checked off on the spreadsheet. Proof of enrollment or tuition receipt from post-secondary institution must be included))

AWARD(S) CLAIMED	Source of Funds/ office use
NAME OF AWARD _____ AMOUNT _____	_____
2 ND AWARD _____ AMOUNT _____	_____
3 RD AWARD _____ AMOUNT _____	_____
TOTAL AMOUNT CLAIMED _____	

FOUNDATION SIGNATURE (MP) _____

FOUNDATION SIGNATURE (SC) _____ DATE _____

Completed claim form to be forwarded to Maureen Pepin at the School Board Office. Do not use email or photocopies. Only original forms with student and school officials' signature will be processed