

# SCHOLARSHIP NOMINATION FORM

PSBGM CULTURAL HERITAGE FOUNDATION

## School / Centre Profile

School / Centre: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Sector	Number of Scholarships Awarded (see recipient table below)	Graduation or Awards Assembly
Elementary School: <input type="checkbox"/>	1 <input type="checkbox"/>	Spring <input type="checkbox"/>
High School: <input type="checkbox"/>	2 <input type="checkbox"/>	Fall <input type="checkbox"/>
Outreach School: <input type="checkbox"/>	3 <input type="checkbox"/>	Date of ceremony: _____
Special Needs (John Grant/L.I.N.K.S. / Mackay Centre/P.E. Layton): <input type="checkbox"/>		

## Recipient Information

### Recipient 1

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Category: I  II

### Recipient 2

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Category: I  II

### Recipient 3

Family Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Category: I  II

Signature

Date

