

Please type or print neatly

Please return to Guidance before May 23rd 2018

COMMENCEMENT AWARDS APPLICATION

NAME: _____

ADDRESS: _____

COUNTY – If you live outside the City of Peterborough: _____

DATE OF BIRTH: _____ PHONE # _____

ARE YOU IN THE INTEGRATED ARTS PROGRAM? _____NO _____YES

ARE YOU PLANNING TO RETURN TO SCHOOL SEPT 2018? _____NO _____YES FOR 1 SEMESTER

_____YES FOR 2 SEMESTERS

WILL YOU HAVE COMPLETED & SUBMITTED YOUR COMMUNITY INVOLVEMENT HRS BY JUNE 1? _____

NUMBER OF BROTHERS AND SISTERS: _____ AGES: _____

NUMBER ATTENDING POST-SECONDARY EDUCATIONAL INSTITUTIONS: _____

IT IS USEFUL (AND NECESSARY FOR SOME AWARDS) THAT THE AWARDS COMMITTEE CONSIDER FACTORS OTHER THAN ACADEMIC MARKS. PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE. THIS INFORMATION IS COLLECTED SOLELY FOR THE PURPOSE OF CONSIDERATION FOR COMMENCEMENT AWARDS AND IS CONFIDENTIAL WITHIN THE CONFINES OF THE COMMENCEMENT AWARDS COMMITTEE.

PLANS FOR NEXT YEAR (If Post-Secondary Program be specific (ie. Name of School and Program)

LONG TERM GOALS:

LEADERSHIP EXPERIENCE:

SCHOOL EXTRACURRICULAR ACTIVITIES (NOT CLASSES):

SPORTS:

ARTS:

OTHER:

COMMUNITY ACTIVITIES:

SPORTS:

ARTS:

OTHER:

VOLUNTEER ACTIVITIES:

Give a brief outline of any special personal or family circumstances which should be considered by the Awards Committee. (Use an additional sheet if space is insufficient.)

NAMES OF TEACHERS WHO WOULD PROVIDE A REFERENCE :