

BCFTOA
PO Box 415
Parksville BC
V9P 2G5



www.bcftoa.com
admin@bcftoa.com

Dean Larivee Memorial Bursary APPLICATION

Only applications received by the secretary by May 1st (current year), will be considered.
****Please print clearly.****

PERSONAL INFORMATION

| | |
|---|------------------------------|
| Surname: | Given Name(s): |
| Social Insurance Number: | Provincial Education Number: |
| Mailing Address: | |
| Postal Code: | Telephone Number: |
| Email Address: | |
| Please Select: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant | |

BCFTOA ACTIVE MEMBER

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|---|---------------|
| List the name and relationship of the active member of the BCFTOA which is sponsoring this application. | |
| Name: | Relationship: |
| Fire Department or Training Organization: | |

EDUCATIONAL PLANS AND CAREER GOALS

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| Please write a short statement, giving details of your educational plans and career goals. |
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STUDIES

| List the high school courses that you've taken towards your goal of post-secondary education and the grade that you've received or expect to receive. | Grade |
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| GRADE POINT AVERAGE | |
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INTERESTS & HOBBIES

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| List your main interests, hobbies and leisure time activities. |
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SCHOOL & COMMUNITY SERVICE

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| Summarize the positions you've held and volunteer work done. |
| School: |
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| Community: |
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EMPLOYMENT HISTORY

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| List your employment history starting with most recent. |
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AWARDS & HONOURS

List any awards, honours or prizes you've earned in the past few years (with the exception of bursaries).

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SCHOLARSHIPS & BURSARIES

Please list any other scholarships you have applied for and won, including the amount.

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ADDITIONAL INFORMATION

Please list any other information that could assist you in winning a scholarship (i.e. financial hardship, etc.):

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SIGNATURE OF APPLICANT

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|------------|-------|
| Signature: | Date: |
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PERMISSION – PROTECTION OF PRIVACY

The "Freedom of Information and Privacy Act" came into effect in the fall of 1994. To be sure we are complying with the legislation, we ask that you read the following carefully and check the response of your choice.

- I give my consent to be involved in media coverage, including internet, if I am granted a bursary.
- I DO NOT wish to be involved in media coverage or any other kind of publicity that may arise from my winning an award.

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|---------------|------------|
| Name (print): | Signature: |
|---------------|------------|