GENERAL INFORMATION		
First Name	Last Name	Email
POST-SECONDARY PLAN		
SCHOOL NAME	AREA OF STUDY (ex. Faculty of Science / Trade Program)
DO YOU HAVE FINANCIAL NEED? (highlight	or circle one) YES / NO	
DO TOO HAVE THVANCIAL NEED: (IIIgillight	PLEASE DESCRIBE IF YOU FEEL COMFORTA	RIF
	FLEASE DESCRIBE II 100 TELE COMITORIA	IDEL
GRADE 11 COURSES/GRADES	GRADE 12 COUI	RSES/GRADES

CLASS	PERCENTAGE %	CLASS	PERCENTAGE %

SCHOOL VOLUNTEER ACTIVITIES (Grades 10-12)

example: clubs, sports teams, volunteer work (DO NOT include course credit or WEX)

Date(s)	School Activities	Position	Hours of Involvement	Accomplishment (describe your role)

COMMUNITY ORGANIZED ACTIVITIES (Grades 10-12)

example: community organized sports teams, fine arts, music, dance, martial arts, etc.

Date(s)	Community Activities	Position	Hours of Involvement	Accomplishment (describe your role)

COMMUNITY VOLUNTEER WORK (Grades 10-12)

example: Must be in the community/OUTSIDE of school such as volunteering as a camp leader, at a festival, rec centre, care home, etc.

Date(s)	Name of Organization	Position	Hours of Involvement	Accomplishment
				(describe your role)

OTHER EXPERIENCES (Grades 10-12)

example: This is where you put X-block classes you have gone above and beyond what was required (WEX, Theatre Production, Yearbook). This is also where you would put PAID WORK experience of note.

Date(s)	Name of Organization/Teacher	Position	Hours of Involvement	Accomplishment (describe your role)

AWARDS/HONOURS/ACCOMPLISHMENTS (Grades 10-12)

example: Honour Roll, external scholarships, academic competition awards, etc.

Year	Award Name	Description of Award