



#122 - 1020 Mainland Street
Vancouver, BC V6B 2T4
Toll-free: 1-866-669-9222
Fax: 604-684-4713
Email: info@bccommunitynews.com
Web: www.bccommunitynews.com

Application For Employee Scholarship Award 2010

Personal Information.

_____	_____	_____	_____
First Name	Middle Name	Last Name	Social Insurance Number
_____		_____	_____
Street Address		City	Province Postal Code
_____	_____		
Phone	Full Name of Employee or Parent who is employed at a BCYCNA Member Paper:		
_____	_____		
Email	Newspaper		

Last Secondary School Attended.

Name of School			
_____		_____	_____
Street Address		City	Province Postal Code

Phone			

Last University or College Attended.

Name of School			
_____		_____	_____
Street Address		City	Province Postal Code

Phone			

Proposed Course of Study.

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Ultimate Educational Goal.

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Employment Experience.

	Present or Most Recent Employer	Previous Employer	Previous Employer
Company:			
Address:			
Supervisor's Name:			
Your Job Title:			
Date Employed From:			
Date Employed To:			
Starting Salary:			
Ending Salary:			
Reason for Leaving:			

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Extra Curricular Activities and Community Involvement.

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References (Employment and/or School).

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

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Signature of Applicant _____
Date

For Committee Use:

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