** H.J.Cambie Secondary School**

 **School Program Scholarship**

**APPLICATION FOR NOMINATION**

***UNIVERSITY OF TORONTO BOOK AWARD SCHOLARSHIPS***

The University of Toronto National Book Award Program recognizes and rewards the very best Canadian secondary school students, regardless of which university those students choose to attend. These are students who demonstrate superior academic performance, original and creative thought, and exceptional achievement in a broad context. They excel in academic pursuits, demonstrate enthusiasm for intellectual exploration and have a strong involvement in the lives of their schools and communities. It is not necessary that the student intend to apply for admission to the University of Toronto. **Award** **recipients** **receive** **a** **National** **Book** **Award** **recognizing** **their** **achievements**, **and** **as** **a** **symbol** **of** **their** **academic** **potential**. **It** **is** **a** **non**-**monetary** **award**. The book will be presented to the student at their secondary school graduation ceremony at the end of the school year. Students nominated for this award are invited to submit an application to the National Scholarship Program.

The University of Toronto Book Award is for: students who demonstrate superior academic performance, original and creative thought, and exceptional achievement in a broad context; students who excel in academic pursuits, demonstrate enthusiasm for intellectual exploration and have a strong involvement in the lives of their schools and communities.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility:**

**Please check that the following apply:**

* **I will graduate in June 2025**
* **I am attending Cambie full time (minimum 6 courses)**
* **I have an ‘A’ average**
* **I have Canadian citizenship or permanent resident status**
* **I am planning to study at post-secondary in September, 2025**

**Indicate university/universities you are planning to attend in the order of preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I have attached my grade 11 transcript or final report card to this form**

***Completed forms are due online by Oct 3rd @ 3:00pm.***

***Please attach a copy of your grade 11 Final Report Card or Transcript.***

**INVOLVEMENT/EXPERIENCE**

Provide a summary of your involvement below. The contact person should be somebody who can speak to and verify your community involvement. **An activity should only be listed once below*.***

 ***NOTE: Does not include hours completed for a course i.e., CPWE, Grad Transitions, Human Services, Peer Helping***

* **EXTRA-CURRICULAR ACTIVITIES (Over the last 4 years)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DESCRIPTION*****(Role/Duties)*** |  | DATES & FREQUENCY |  | TOTAL HOURS |  | CONTACT PERSON |  | PHONE # |
| *EX.* | *Student Council, General Member*  | *Sept 2019-2020**2hrs/week* | *80 hrs* | *Jane Doe* | *778-555-5555* |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**• COMMUNITY/VOLUNTEER SERVICE (Over the last 4 years)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DESCRIPTION*****(Role/Duties)*** |  | DATES & FREQUENCY |  | TOTAL HOURS |  | CONTACT PERSON |  | PHONE # |
| *EX.* | *Richmond Hospital, Gift Shop Cashier*  | *Nov 2017 – Feb 2018**2hrs/week* | *30 hrs* | *Jane Doe* | *778-555-5555* |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**• COMMUNITY EXTRA-CURRICULAR ACTIVITIES (Community Sports, Fine Arts, Youth Groups, etc.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DESCRIPTION*****(Role/Duties)*** |  | DATES & FREQUENCY |  | CONTACT PERSON |  | PHONE # |
| *EX.* | *Richmond Minor Hockey, Player* | *Sept 2014 – Mar 2017**6 months/year* | *John Doe* | *604-555-5555* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**• WORK EXPERIENCE (Over the last 4 years)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DESCRIPTION** |  | DATES  |  | CONTACT PERSON |  | PHONE # |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**• CURRENT HOBBIES: • AWARDS/DISTINCTIONS (Over the last 4 years)**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY OTHER INFORMATION ABOUT YOUR ACADEMIC PURSUITS OR ACADEMIC EXCELLENCE (optional):**

***Completed forms are due online by October 3rd@ 3:00pm.***