BCFTOA PO Box 415 Parksville BC V9P 2G5



www.bcftoa.com admin@bcftoa.com

Dean Larivee Memorial Bursary APPLICATION

Only applications received by April 15th (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:			
☐ Canadian Citizen	☐ Landed Immigrant		
BCFTOA ACTIVE MEMBER			
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			
Please write a short statement, giving details of your educati	onal 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	
grade that you've received or expect to receive.		
GRADE POINT AVERAGE		
GRADE POINT AVERAGE		
INTERESTS & HOBBIES		
List your main interests, hobbies and leisure time activities.		
SCHOOL & COMMUNITY SERVICE		
Summarize the positions you've held and volunteer work done.		
School:		
Julion.		
Community:		
EMPLOYMENT HISTORY		
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).	
SCHOLARSHIPS & BURSARIES		
Please list any other scholarships you have applied for and w	on, including the amount.	
ADDITIONAL INFORMATION		
Please list any other information that could assist you in winning a scholarship (i.e. financial hardship, etc.):		
SIGNATURE OF APPLICANT		
Signature:	Date:	
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.		
Name (print):	Signature:	