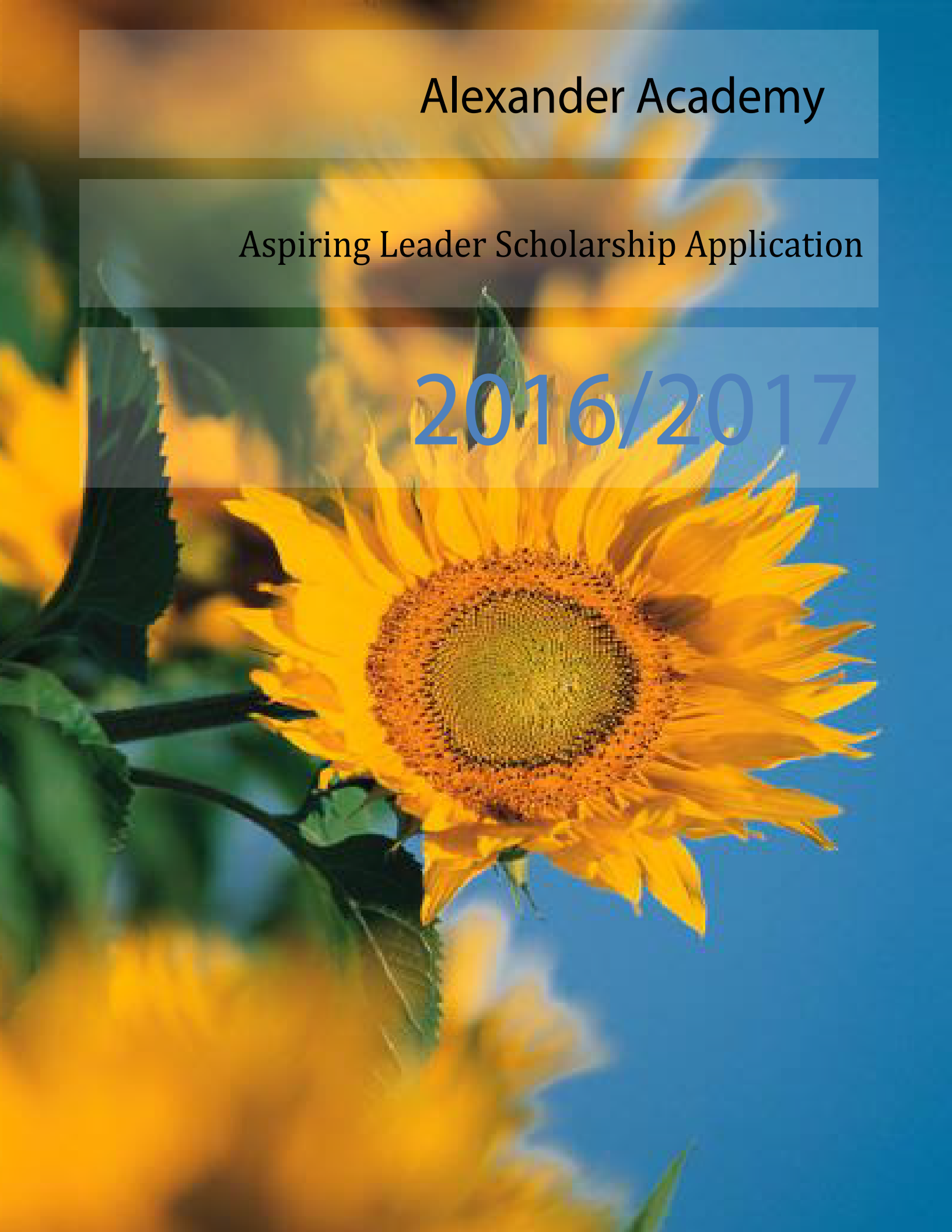

Alexander Academy

Aspiring Leader Scholarship Application

2016/2017

ALEXANDER ACADEMY

688 West Hastings, Suite 200
Vancouver, British Columbia, V6B 1P1, Canada
Tel. 604-687-8832 Fax. 604-687-8872

Alexander Academy's Aspiring Leader Scholarship Application Form 2016/17

Alexander Academy's Aspiring Leader Scholarship will be awarded to a student who embodies leadership, academic excellence, and community involvement.

This is to be completed by students in their own handwriting	
Student Last Name (family name)	Student First Name
Student email address	Student's home phone
Have you been on the honour roll at your previous school in the past two years? □ Yes □ No	
List and describe your level of interest and participation in school activities (school, athletics, music, etc.). _____ _____ _____ _____ _____	
What reading have you enjoyed most in the past year and why? _____ _____ _____ _____	
Why should you receive this scholarship? _____ _____ _____ _____	

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What else would you like us to know about you?

_____

_____

_____

_____

Please attach at least one reference letter from a teacher or member of the community with whom you have had a relationship (ie community service supervisor, mentor, etc.) This cannot be a family member.

Video Application

We encourage applicants to submit a video application, showcasing themselves through in-action activities or sampling a day in their life. Be as creative as possible! Both questions must be addressed in order to be a qualified candidate.

1. How do you embody the characteristics of an aspiring leader (community involvement, academic excellence, and leadership)? Feel free to touch on your extracurricular activities and academic achievements.
2. Why do you want to attend Alexander Academy?

Videos should be 2-3 minutes long.

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Scholarship Application Checklist

_____ Completed Scholarship Application

_____ Video Component

_____ Alexander Academy Application (ensure that you have submitted all documents on the application checklist)

Please upload your video onto www.wetransfer.com and send the link to scholarship@alexanderacademy.ca.

Incomplete applications will not be considered.

I declare that the information on this application is true and I understand that the information contained herein will be used for the purposes of determining eligibility for scholarship.

Print full name of student	Student signature	Date signed