



ONTARIO WINTER GAMES LEGACY AWARD APPLICATION FORM

STUDENT'S NAME:

HIGH SCHOOL:

HOME ADDRESS:

Street

City/Town

Postal Code

HOME PHONE NUMBER:

SCHOOL PHONE NUMBER:

POST-SECONDARY

PROGRAM OF STUDIES: *

Program

College/University

*** THE CANDIDATE MUST PROVIDE THEIR LETTER OF ACCEPTANCE AS SOON AS IT IS RECEIVED.**

Ontario Winter Games Legacy Award

APPLICATION FORM

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ATHLETIC ACHIEVEMENTS: (Please include date(s) of involvement)

LEADERSHIP ACHIEVEMENTS: (Please include date(s) of involvement)

OTHER COMMUNITY ACTIVITIES/ACHIEVEMENTS:

(Attach additional sheets, in any category, whenever required.)

STATEMENT OF NEED:

THIS STUDENT HAS RECEIVED OR WILL RECEIVE THE FOLLOWING AWARDS, SCHOLARSHIPS, BURSARIES THIS YEAR:

AWARD	FUNDS AWARDED

THIS STUDENT IS A CANADIAN CITIZEN, HAS BEEN IN ATTENDANCE IN HIGH SCHOOL IN STORMONT, DUNDAS AND GLENGARRY FOR NO LESS THAN THREE (3) YEARS, INCLUDING THIS GRADUATING YEAR, AND HAS A MINIMUM ACADEMIC AVERAGE OF 70%.

Signature of School Official

Position



APPLICANT'S CHECKLIST

COMPLETED APPLICATION FORM, PREFERABLY TYPED.

IF THE SPACE PROVIDED ON THE FORM IS INSUFFICIENT IN ANY CATEGORY, PLEASE ATTACH ADDITIONAL SHEETS.

COPY OF BIRTH CERTIFICATE.

COPY OF TRANSCRIPT (GRADE XII ONLY).

2-3 LETTERS OF RECOMMENDATION

PROOF OF ACCEPTANCE AT A POST-SECONDARY INSTITUTION
(WHEN AVAILABLE).