



Pattison High School

981 Nelson Street, Vancouver, BC CANADA, V6Z 3B6

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SCHOLARSHIP APPLICATION FORM

STUDENT INFORMATION:

Mr. Ms. _____, _____ (_____)
Last Name First Name English Name

Name in native language _____ Nationality _____ Date of Birth ____/____/____
Year Month Date

Status in Canada Citizen Landed Immigrant Student Visa Visitor

Address _____
Street Name City Province Postal Code

Home Phone Number (_____) _____ Mobile Number (_____) _____

Start Date at PHS _____ Expected Date of Graduation _____

PARENT INFORMATION:

Father _____ Occupation _____

Phone Number _____ Email _____

Mother _____ Occupation _____

Phone Number _____ Email _____

EMERGENCY CONTACT IN CANADA (if not residing with parents):

Guardian _____ Phone Number _____ Email _____

Address _____

STUDENT ACADEMIC INFORMATION:

Grade _____ School Mark _____ Attendance _____

STUDENT COMMUNITY SERVICE INFORMATION:

Student Council Peer Counsellor Peer Assistance Other Activities

STUDENT INTEREST and OTHER ACHIEVEMENTS INFORMATION:

Interest _____

Achievements _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Use Only:

TEACHERS' REFERENCES:

Teacher #1 _____

Teacher #2 _____

Teacher #3 _____

Teacher #4 _____

ADVISOR'S REFERENCE:

COUNSELLOR'S REFERENCE:

PRINCIPAL'S OFFICE REFERENCE:

DIRECTOR'S RECOMMENDATION:

FINAL DECISION:

Accounting Department Process:
