



2020 STUDENT SCHOLARSHIP CLAIM FORM
(Foundation administered scholarships only)

LAST NAME _____ FIRST NAME _____
 ADDRESS _____ PHONE _____
 _____ POSTAL CODE _____
 YOUR EMAIL _____ PARENT PHONE _____
 SIN _____
 POST SECONDARY INSTITUTION _____ PROGRAM _____
 HIGH SCHOOL YOU GRADUATED FROM _____ YEAR _____
 DATE _____ STUDENT SIGNATURE _____

N.B. Donor thank you letter: You must submit a copy of your thank you letter to your scholarship counselor. All personal information received by the Foundation is kept confidential, but your name may be published in local papers or on our website.

SCHOOL OFFICIAL/COUNSELOR
 SIGNATURE _____

Indicates student has completed Claim Form and has submitted enrolment data to school office.

MAIL COMPLETED ORIGINAL CLAIM FORM TO SBO ATTENTION SUSAN CAIRNS, LANGLEY SCHOOL DISTRICT FOUNDATION BY SCHOOL MAIL OR REGULAR MAIL. DO NOT USE EMAIL OR PHOTOCOPIES.

SCHOLARSHIPS CLAIMED

Scholarship No.	Scholarship Name	Amount	Trust Code
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL AMOUNT CLAIMED		\$ _____	

-----FOR OFFICE USE ONLY-----

SIGNATURE _____ DATE _____