

**COBSS Student Application - Jane Doe**

TEST

\*\*\* PLEASE DO NOT WRITE ON THIS APPLICATION \*\*\*

<b>Student Information (2022/2023)</b>
Legal Last Name: Doe
Legal First Name: Jane
Preferred Last Name:
Preferred First Name:
Address 1: 111
City: Kelowna
Postal Code: V1Y 2H4
Telephone: 250-891-4980
Email: janedoe@gmail.com
Gender: Female
Identified Gender: Other
Birth Date: June 1, 2003
Citizenship: Permanent Resident
School: TEST (2022/2023)

<b>Declaration of Truth</b>
<b>As the applicant, I attest that I have read the information below and meet the following criteria:</b>
<input checked="" type="checkbox"/> I confirm that I completed this application and acknowledge that providing false information may result in ineligibility for COBSS awards.
<input checked="" type="checkbox"/> I am a Canadian Citizen, Permanent Resident or Refugee, living as a resident within the boundaries of Central Okanagan Public Schools and attending a member school of COBSS as my home school (see <a href="http://www.cobss.sd23.bc.ca">www.cobss.sd23.bc.ca</a> ) by January 15th of my graduating year.
<input checked="" type="checkbox"/> I will be applying/have applied and plan to attend full-time at an accredited post-secondary institution in September of the year of application. Confirmation of application may be required.
<input checked="" type="checkbox"/> I have an average of at least 60% in all Grades 11 and 12 completed courses and interim marks at the time of application.
<input checked="" type="checkbox"/> I have the potential to graduate from Grade 12 for the first time in June of the year of application.
<input checked="" type="checkbox"/> I am aware, if I fail to enroll at an approved post-secondary institution in September as a full-time student, any bursary, scholarship or award will revert to the Central Okanagan Bursary and Scholarship Society to be awarded to a qualified student.
<input checked="" type="checkbox"/> I understand that my COBSS Application Form and the attached data will be read by donors and COBSS members who are advised to respect confidentiality of the applicant.
<input checked="" type="checkbox"/> I am registered in a minimum of six (6) courses during Grade 12 year, and will complete a minimum of six (6) courses by June 30th not including the Grade 12 Capstone Careers course.
<b>Yes</b> COBSS writes/publishes testimonials allowing donors and other COBSS applicants to witness the impact of winning an award. Select yes or no to grant COBSS permission to contact you at a later date. Your success story could be an inspiration to others.
<input checked="" type="checkbox"/> I grant full permission to COBSS and/or its donors to use my name and/or likeness including photographs, video clips, recordings or any other record of my participation in COBSS of me, for any purpose as determined by COBSS or its donors, without compensation to me. I further authorize COBSS and/or its donors to collect and use personal information about me for the purposes of communications and posting articles of interest, newsletters, promotions, images on the COBSS' and or donor's website, other social media, and their place of business. This consent is provided in compliance with the Personal Information Protection Act and the Canadian Anti-Spam Legislation. I understand that I may withdraw such consent at any time by contacting COBSS directly.
Applicant's Signature (required):

<b>Parent/Legal Guardian Information</b>
<b>Name:</b> Dad
<b>Relation to Applicant:</b> Dad
<b>Address:</b> 321
<b>Phone:</b> 250
<b>Email:</b>
<b>Occupation:</b> engineer
<b>Employer:</b> self employed
<b>Occupational Status:</b> Self Employed

<b>Family Composition</b>
<b>Total Children In Family:</b> 3
<b>Children Living at Home:</b> 3
<b>Children Attending Post Secondary:</b> 1 (in September of this year)

<b>Financial Information</b>
<b>Combined Family Income:</b> \$166,000 - \$189,999
<b>Special circumstances, financial or other (non-taxable income-eg. including monies provided through insurance policies and chronic disability policies) of which the committee should be aware:</b>
By Signing this you are verifying the above combined information as accurate.
Parent/Guardian Signature (required):

<b>Student Educational History</b>
<b>Middle and Secondary School(s) attended:</b>
RSS
RMS
<b>Elementary School(s) attended:</b>
RLE

<b>Educational Plan</b>
<b>Career Plan A:</b> engineering
<b>Length of Program:</b> 4 years
<b>Career Plan B:</b> dentist
<b>Length of Program:</b> 7 years
<b>Post Secondary Insitutions applied to:</b>
UBCO
<b>Tuition and Books:</b> 500 (estimated)
<b>Living Expenses:</b> 0 (estimated)

**Student Personal Statements**

**What are your educational/career plans? Describe the experiences that have contributed to these plans.**

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**For the selection committee, describe the three qualities that best demonstrate your character. Use examples from your life to illustrate these qualities.**

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**Describe your family (include custodial/noncustodial parent information). Explain any financial and nonfinancial struggles that you may have encountered.**

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**Your Activity Details**

In the spaces provided please include experience, activities & achievements from **Grades 10-12**, starting with the most recent experience in each section (maximum 3 in each section).

**Community & School Based Involvement & Achievements (List any extracurricular involvement outside of classroom time which can include athletics, fine arts, music, certifications. Please do not list school courses)**

Organization	What is the activity/achievement? (255 characters max)	Dates (mm/yyyy-mm/yyyy)	Estimated Total Activity Hours (per week)	Total Overall Hours for This Activity
1 soccer	soccer	09/2019-06/2023	1	160

**Volunteer Experience (list any unpaid and non credit Community & School experience.)**

Organization	What are your responsibilities/activities? (255 characters max)	Dates (mm/yyyy-mm/yyyy)	Estimated Total Activity Hours (per week)	Total Overall Hours for This Activity
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**Paid Work Experience**

Organization	What is your job title and duties? (255 characters max)	Dates (mm/yyyy-mm/yyyy)	Estimated Total Activity Hours (per week)	Total Overall Hours for This Activity
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Choose one activity or achievement you have listed above that you are most proud of, and explain what you have learned from it. (1000 characters max)

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