955 Oliver Road Thunder Bay, ON P7B 5E1

T: (807)343-8500

E: studentcentral@lakeheadu.ca

Thunder Bay Campus: Student Central (UC1002) Orillia Campus: Student Central (Simcoe Hall)

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**2023-2024**

**Northwestern Ontario & Simcoe County Citizenship Scholarship**

**Supplemental Application**

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| **Step 1: Complete the Personal Information Section:** | | | |
| First Name: |  | Last Name: |  |
| Lakehead University Student ID Number: |  | Lakehead Email Address: |  |
| High School: |  | | |

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| **Application Tips:** |
| There is no limit on the number of pages. Be as detailed or as concise as you would like. Be sure to provide us with a good understanding of your involvement within your high school and community.  If emailing using your Lakehead email account, a typed signature is considered signed. You may also choose to save the completed WORD document as a PDF and sign electronically. |

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| --- | --- |
| **Step 2: Tell us About Your Involvement at School and in the Community:** | |
| By grade level, please tell us about your specific involvement in: **school clubs**, **school committees**, **community clubs**, **community committees**, and **competitive athletic teams** in and out of school. Be sure to describe the position, your responsibilities, how long you were a member for, the number of hours you participated (weekly or total), and if your involvement was paid or unpaid. **Do not include activities that are used for your 40 hours of required volunteer work. Please include such activities in Step 3.** | |
| Grade 12 |  |
| Grade 11 |  |
| Grade 10 |  |
| Grade 9 |  |

|  |  |
| --- | --- |
| **Step 3: Tell us About Your Community Involvement Activities Required for Your High School Diploma:** | |
| By grade level, describe where and when you completed your requirements for the 40 hours of volunteer work for your high school diploma. | |
| Grade 12 |  |
| Grade 11 |  |
| Grade 10 |  |
| Grade 9 |  |

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| --- | --- | --- | --- |
| **Step 4: Sign Your Supplemental Application:** | | | |
| *I hereby certify that the information provided on this application is complete, true and verifiable. I understand that inaccurate or false statements will cause my application to be disqualified.* | | | |
| Student’s Signature: |  | Date: |  |

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| **Step 5: Email Your Completed Supplemental Application:** |
| Please save your application, using the following format: [LAST NAME], [First Name].  Email your application by March 15 midnight to [awards.safa@lakeheadu.ca](mailto:awards.safa@lakeheadu.ca) using the subject line: **NWOSCCS Application for [LAST NAME], [First Name]**. |