

2017 ACHIEVEMENT AWARDS APPLICATION

OPEN TO GRADE 12 STUDENTS GRADUATING IN 2017

Application must be received by March 31st, 2017

Please select applicable categories: Academics Sports Special Needs

Last Name:		First Name:		Initials
Date of Birth:		Gender:		
Home Address:				
Home Phone:	Cell:	Email Address:		
Name Of Current School:			School Telephone Number:	
Name and address of any previous secondary schools: -----				
Name of the post-secondary institution you plan to attend in the fall:				
Career Aspirations: -----				

Student Consent

Recipient of ICBA Achievement Award consents the use of their written material and pictures for publishing.
All this material becomes a exclusive property of Indo-Canadian Business Association of BC

Date: _____ Signature of Applicant: _____

Completed Applications MUST also include the following:

- Secondary school transcripts including most recent marks and courses currently enrolled in
- TWO completed reference forms
- Recent picture of the applicant

Applications must be received by **March 31st, 2017**

Mailing Address:

Indo-Canadian Business Association of BC
Unit #201 - 7945 - 132nd Street, Surrey, BC, V3W 4N2

Email: awards@icbab.com

Co-Chairs: Avtar Badasha (604) 418.5433 or Rick Dhaliwal (604) 338.6999

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List your hobbies and recreational activities:

Please use additional page if required

List any clubs or organizations you belong to and your level of involvement:

Please use additional page if required

List any leadership positions held in the last five years:

Please use additional page if required

Describe any volunteer work you have done in the community:

Please use additional page if required

List any achievements, awards and scholarships:

Please use additional page if required

Describe your employment history:



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**Essay Topic: How will this scholarship assist you in achieving your future plans?
(Maximum 300 words)**

Please use additional page if required

Please use additional page if required



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info@icbabc.com | www.icbabc.com

2016 ACHIEVEMENT AWARDS APPLICATION REFERENCE FORM

To be completed by the student's teacher or Principal

Date: _____

Applicant's Name: _____

How long have you known the applicant? _____

The selection committee would greatly appreciate your confidential evaluation of the applicant.

Please list any strengths and weakness of the applicant and secure it in a sealed envelope.
