



BURNABY TEACHERS' ASSOCIATION
#115-3993 HENNING DRIVE, BURNABY, B.C., V5C 6P7

Telephone: (604) 294-8141
Fax: (604) 294-9846

MEMORANDUM

To: **BTA Staff Reps**

From: BTA Scholarship Committee

Date: April 27th, 2020

RE: BTA SCHOLARSHIP FOR THE SON/DAUGHTER OF A BTA MEMBER

Enclosed are copies of the application packages for this Scholarship. Please ensure that all BTA members are made aware of this scholarship.

Please make more copies of the package as needed, or call the BTA office and more copies will be sent to your school.

One scholarship of \$750.00 will be awarded.

Deadline for applications is **September 11th, 2020.**

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SCHOLARSHIP FOR THE SON/DAUGHTER OF A BTA MEMBER INFORMATION TO APPLICANTS

1. QUALIFICATIONS

You must be a graduating son/daughter of a BTA member currently employed by School District #41, or be a graduating son/daughter of a deceased or retired BTA member employed by School District #41 at the time of death or retirement.

You must be graduating from a public school as a member of the Class of 2020.

2. AWARD

The scholarship is **\$750.00**.

3. AWARD CRITERIA

- * High scholastic achievement
- * School or community involvement
- * Wide range of interests and achievements
- * Financial Need
- * Application submitted by the due date.

4. DEADLINE FOR APPLICATION

Your complete package must be at the BTA office by midnight **September 11, 2020**.

5. INSTRUCTIONS FOR APPLICATION:

a) Send your application to:

**Burnaby Teachers' Association
Scholarship Committee
#115 - 3993 Henning Drive
Burnaby, B.C. V5C 6P7**

b) Enclose:

- i) Application Cover Sheet
- ii) A copy of your final secondary school transcript
- iii) A list of secondary school/community involvement
- iv) A letter explaining why you believe you should be the recipient of this scholarship
- v) Three completed Confidential Reference Forms (or reference letters).

Burnaby Teachers' Association

**APPLICATION FOR SCHOLARSHIP
FOR THE SON/DAUGHTER OF A BTA MEMBER
COVER SHEET**

Name of Applicant: _____

Address: _____

Postal Code: _____

Telephone Number: _____

High School: _____

Post-Secondary Plans:

Institution: _____

Program: _____

Career Goal: _____

Name of Parent
(BTA Member): _____

Parent's School (workplace): _____

Burnaby Teachers' Association

SCHOOL AND COMMUNITY INVOLVEMENT

1. School Service Activities:

2. Community Service Activities:

SIGNATURE OF APPLICANT: _____

Burnaby Teachers' Association

CONFIDENTIAL REFERENCE FORM

To be completed by a teacher, administrator, employer, organization leader or family friend.

APPLICANT'S NAME: _____

HOW LONG HAVE YOU KNOWN THIS APPLICANT? : _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS APPLICANT? :

The Selection Committee would greatly appreciate your confidential comments on this application. Your frank assessment will be invaluable in ensuring that the best applicant is chosen. Please use the space provided below or attach this to your reference letter.

FULL NAME OF REFEREE: (Please Print)

SIGNATURE OF REFEREE: _____ **DATE:** _____

(Please place in a **sealed** envelope for applicant's enclosure in his/her application for the Burnaby Teachers' Association Scholarship for the Son/Daughter of a BTA member)