



**WESTERN CANADA HIGH SCHOOL
ALUMNI FOUNDATION®**
641 - 17TH Avenue SW, Calgary, AB T2S 0B5
Office: (403) 228-2781 Fax: (403) 777-7089
APPLICATION FOR WCHS ALUMNI BURSARY
FIRST-YEAR POST-SECONDARY ENTRANCE: 2026-2027

A. PERSONAL / ACADEMIC INFORMATION (PLEASE PRINT)

Legal Surname: _____ Legal Given Names in Full: _____

Former Names, if any: _____

CBE ID#: _____ ASN ID# _____

Social Insurance # (must be included for application to be processed) _____

Date of Birth: Year _____ Month _____ Day _____

Best Phone Number to Reach You: _____

Personal Email Address: _____

CURRENT ADDRESS

PERMANENT ADDRESS (Leave blank if same as current)

Please ensure you advise the school office of any change of address

Street _____

Street _____

City _____

City _____

Province _____

Province _____

Postal Code _____

Postal Code _____

Home Telephone # (____) _____

Home Telephone # (____) _____

Alternate Home # (____) _____

Alternate Home # (____) _____

NUMBER OF HIGH SCHOOL CREDITS BY END OF THIS YEAR: _____

- **Please attach a transcript from your “My Pass” account.**

Please list all Honours, Advanced Placement, International Baccalaureate, and other enrichment courses taken during High School: (attach separate page if required)

B. POST-SECONDARY PLANS:

What post-secondary institution do you plan on attending?

Name of Institution: _____

Mailing Address: _____

Postal Code: _____

Date Accepted (M/YR): _____ Major: _____

Degree / Certificate / Apprenticeship you plan to pursue: _____

On another sheet of paper, please summarize sections C, D E and F.

C. SCHOOL ACTIVITIES (300 words max)

Identify the activities you participated in during each grade, including the capacity in which you were involved and the time commitment. Please include any leadership positions you held and achievements you have made in areas such as citizenship, sports, the arts, etc. You may be required to verify your participation in the activities you have listed.

D. COMMUNITY, PERSONAL AND VOLUNTEER ACTIVITIES (300 words max)

Identify all activities you participated in during each grade, including the capacity in which you were involved and the time commitment. Include any leadership positions you held and achievements you have made in areas such as citizenship, sports, the arts, etc. You may be required to verify your participation in the activities you have listed.

E. FINANCIAL ASSISTANCE (300 words max)

Applicants are required to write a brief statement setting forth their need for financial assistance. If applicants are self-supporting, please provide employment income in this section. In addition, please provide any further reasons why this particular bursary would be helpful.

F. COMMENTS

Is there any additional information that will assist us in assessing your application?

G. SELECTION OF RECIPIENTS

1. Application forms must be submitted to the School Scholarship Coordinator **Mme Plante**: maplante@cbe.ab.ca by **Friday May 1, 2026 12:00 pm.**
2. Applications approved by the principal or school scholarship coordinator will be forwarded to the Western Canada High School Alumni Bursary selection committee for final approval and adjudication.
3. The personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used for the purpose of reviewing the applications to select student recipients for the Western Canada High School Alumni Foundation Legacy Fund. If you have any questions about the collection of this information, please contact the School Scholarship Coordinator for Western Canada High School.
4. In order to publicly recognize the recipients of this award and to celebrate the achievement, a consent form is included with this application. The refusal to sign the consent form will not prejudice the consideration of the student's application for this bursary.

H. PAYMENT OF BURSARY

1. Bursaries recipients will receive written notification from The Western Canada High School Alumni Foundation at the awards ceremony in June.
2. This bursary will be paid out of The Western Canada High School Alumni Foundation Legacy Fund directly to the post-secondary institution.
3. Bursary recipients must provide confirmation of acceptance and enrollment **not later than September 30th** of the year of bursary.
4. Failure to provide the required acceptance and enrollment information **may null and void** the bursary.
5. Under no circumstance will the money be paid directly to the recipient.

I certify to the best of my knowledge that the above information is correct.

(This application must be signed)

Date: Year _____ Month _____ Day _____

Signature of applicant: _____

Signature of parent/guardian _____

Signature of Principal/Scholarship Coordinator _____

STUDENT CHECK LIST:

- Social Insurance number provided
- Alberta Education number provided
- Full mailing address provided
- High school transcript enclosed from “My Pass”
- Attach answers to C, D, E and F
- Application form signed on page 3
- ***In September, you must provide your University identification number and confirm your major to the School Scholarship Coordinator if you are a bursary recipient.***

PLEASE SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO THE SCHOOL SCHOLARSHIP COORDINATOR OF WESTERN CANADA HIGH SCHOOL

(Mme Plante maplante@cbe.ab.ca)

BY MAY 1st OF YOUR GRADUATING YEAR.

CONSENT TO PUBLICITY BY BURSARY APPLICANTS

The signing of this consent form permits the WCHS Alumni Foundation and the school to publicly recognize the achievement of the student as a recipient of the award.

Authorization by student applicant/independent student:

As applicant/parent/guardian, consent is given to Western Canada High School and the School Board to publish the student's name and school location with award(s) received and future post-secondary plans if selected for a bursary and conferred during my grade twelve year at Western Canada High School. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school and alumni newsletters and yearbook for the purpose of recognizing student accomplishment(s).

Date : _____

Signature of Applicant / Independent Student

Date: _____

Signature of Parent / Guardian

NOTE: *If the parent / legal guardian's signature is not affixed, the applicant must provide proof that he/she has Independent status.*

Do not wish to sign consent

It is understood that not signing this consent will not prejudice the consideration of this bursary application.