



Douglas  
College

## DOUGLAS COLLEGE GRADUATION AWARDS

Last Name:

First Name:

**Deadline for Application: May 1<sup>st</sup>.**

**I wish to apply for:**

- CGA Continuing Education Tuition Scholarship  
Two scholarships are available to graduates of the Bachelor of Business Administration program. The \$2000 scholarship will be credited toward tuition fees when the recipient enrolls in the professional education program of the Certified General Accountants Association of B.C.
- CGA Academic Excellence Scholarship  
One \$500 scholarship is awarded annually to an accounting student who has completed the first year of the Accounting Management Diploma program. The scholarship will be applied to the student's tuition fees when the recipient enrolls in the final year of the diploma program.
- F.K. Chan and Company CGA, CMA, CA Scholarship  
One scholarship is awarded annually to a graduate of the accounting certificate, diploma or degree program who will be enrolling in the CGA, CMA or CA program. The student must provide proof of registration and receipt of payment with the CGA, CMA or CA to qualify for this scholarship.
- George Wootton Scholarship  
This scholarship is available to graduating students in any program who have shown superior scholastic ability and significant participation in college or community activities. Please attach a summary of your participation in college and community activities. Candidates must be nominated by a student, staff or faculty member (include a letter of reference from your nominator).
- Mary Fewster Memorial Nursing Scholarship  
This scholarship is available to graduating students in the Bachelor of Science in Nursing program who demonstrate evidence of commitment to nursing. Two letters of reference and the final evaluation are required from clinical nursing instructors documenting the student's performance in two areas: excellence in clinical objectives related to professional behaviour and interpersonal communications with patients and staff; and above-average abilities in meeting remaining clinical objectives.

## PERSONAL INFORMATION

Student number:

Birthdate (mm/dd/yyyy):

Social Insurance Number:

Male

Female

Mailing address:

Citizenship:

Canadian

Landed Immigrant

Convention Refugee

City:

Postal code:

Phone number:

Program of study

Date of Graduation

What is your career goal?

## DECLARATION

I hereby declare that the information given on this application is true and complete, to the best of my knowledge. I authorize the Financial Aid Office to verify any or all of the above statements if deemed necessary.

I understand that:

1. The Douglas College Selection Committee for Scholarships, Awards and Bursaries will review my scholarship application.
2. Should I be successful in obtaining a scholarship, information given on this application may be released to my donor.
3. Names of scholarship recipients may be published in local newspapers and college publications.

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Signature of Student

\_\_\_\_\_  
Date Signed