

APPLICATION FOR USCC YOUTH SCHOLARSHIP

Name of Applicant _____

Age _____ **Date of Birth** (mm/dd/yyyy) _____

Address _____ **Phone** _____

_____ **Email** _____

Parent/Guardian _____

Is Parent or Guardian a member in good standing with the USCC? _____

Please include a copy of your grade 12 academic performance record signed by your school's principal. Applicants must have a minimum B grade average to be eligible for this scholarship.

Briefly describe your participation in USCC youth orientated and/or other organizations / events and. or programs.

If successful, how do you plan to use the scholarship? (Please be specific, state type of course to be taken, or where you intend to take it and when.)

Applicants are to be received in the mail no later than **May 1** of the calendar year at the following address:

USCC Union of Youth, 1876 Brilliant Road, Castlegar B.C. V1N 4K2

Telephone: 250.365.3613 Fax: 250.365.5477 email: [BCC Office](#)