



BRITISH COLUMBIA

BC Original Minds Scholarship 2024

BC Original Minds Association, Destination Imagination BC

This portion is to be completed by the recipient.

Recipient's Name: _____

Address: _____

City: _____ BC Postal Code: _____

Phone: _____ Email: _____

Admission Officer: Please return this completed form before the application deadline of June 30, 2024.

This portion must be verified by a University/College Admissions Officer.

I verify that the above student will be enrolled as a full time student:

University/College

Signature: _____ Title: _____

BC Original Minds Association will mail the recipient's Scholarship cheque to:

University/College: _____ Department: _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____

Phone: _____ Email: _____

Alternative official proof of enrollment may also be considered. If you have any questions, please contact affiliateddirector@destinationimagination.ca.