

## **BRITISH COLUMBIA**

## **BCOMA** scholarship application:

Name:		
School:		
Graduation date:		
Address:		
City: Postal Code:		
Email		
Phone		
Date of Birth:		
DI team, Challenge, and year(s):		
Post-Secondary Information:		
Where do you plan to continue your education or training after graduation?		
What programs are you considering applying to?		
When do you plan to start post-secondary education?		
Career Goal (if known)?		
Community Contribution – what (position/job), where (organization/community), When		
Extra-curricular participation – activity/year		
What does/did Destination Imagination mean to you		
Cover letter summarizes why you think you deserve a scholarship based on the information enclosed.		
Application form completed and enclosed		



School Transcript	
Reference Letter (from DI Team Mana	ger and/or teacher)
• •	ill be used by the BCOMA Scholarship committee to ds. Any misrepresentation will result in the rejection
We certify that the information contained in th	is application is accurate:
Student	Parent
Print name	