



# BRITISH COLUMBIA

BC Original Minds Scholarship 2025

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: \_\_\_\_\_

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\* Admission Officer: Please return this completed form before the application deadline of March 15, 2025.

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: \_\_\_\_\_

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Alternative official proof of enrollment may also be considered. If you have any questions, please contact [affiliatedirector@destinationimagination.ca](mailto:affiliatedirector@destinationimagination.ca).