**Safe, Caring and Inclusive Schools**

**Graduating Student Leadership Bursary**

**Application Form 2023-24**

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| **Applicant Information** |
| Name: Click or tap here to enter text.  |
| School: Click or tap here to enter text.  | Category: Choose an item. |
| Mailing address with postal code: Click or tap here to enter text.  |
| Phone: Click or tap here to enter text.  | Email: Click or tap here to enter text. |
| **References Provided By:** |
| Reference 1 Name: Click or tap here to enter text. | Reference Type: School Staff Member |
| Phone Number: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Reference 2 Name: Click or tap here to enter text. | Reference Type: Choose an item. |
| Phone Number: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| **Information** |
| 1. What initiative(s) have you engaged in to support a safe, caring and inclusive school community? Please indicate your role in the initiative(s).

Click or tap here to enter text.1. What do you feel you have gained from your involvement in this/these initiatives?

Click or tap here to enter text.1. How do you think this/these initiative(s) made a difference in the lives of those in your school community?

Click or tap here to enter text.1. What are the ongoing/future implications of your initiative(s)?

Click or tap here to enter text.1. Optional: List other relevant activities you have been involved in (outside of school) that contribute to the development of a safe, caring and inclusive community.

Click or tap here to enter text. |
| **Administrator Acknowledgement** |
| I have read this application and am aware that Click or tap here to enter text. is applying for a Safe, Caring and Inclusive Schools Graduating Student Leadership Bursary and may receive a $500 tuition voucher from the Department of Education.  |
| Signature: Click or tap here to enter text.  | Date: Click or tap to enter a date. |
| **Applicant Signature** |
| Please submit this application along with the two reference forms (one from a school staff member and a second from a school staff member or a representative of the relevant community group) to sisstudentawards@nlschools.ca (**NLSchools**) or pbourdeau@csfp.nl.ca (**CSFP**) by **May 10th, 2024.** |
| Signature: Click or tap here to enter text.  | Date: Click or tap to enter a date. |