

LISGAR COLLEGIATE INSTITUTE

FORM B

VERIFICATION OF WRITTEN OR CREATIVE WORK TO ACCOMPANY APPLICATIONS BEING SUBMITTED FOR **NOMINATED SCHOLARSHIPS/AWARDS ONLY**

Name of Student: _____ Date: _____

SCHOLARSHIP/AWARD TITLE: _____

Subject Teacher's Signature

Teachers - please review the student's "written work" (essays) or creative work they have prepared for their scholarship application and verify this is their personal work, by signing below.

Print Subject Teacher's name

Teacher's signature

STUDENTS: Please attach this completed form to your scholarship application for the nomination process.