



Kitsilano Secondary School School Scholarship Program

SUPPLEMENTAL FORM - SCHOOL ACTIVITY SHEET

Indicate your participation in **extra-curricular activities** by checking accurately opposite the listed activity in the correct vertical column showing the year in which you participated, and in some instances, the name of the position you held (e.g. Student Council President, Team Captain, etc.) or member of a specific club (e.g. Book Club). **An activity should only be listed once in the chart.** *Note, you must also complete an online 2026 Kitsilano Scholarship Application form.*

NAME: _____ **STUDENT #:** _____

ACTIVITY	DESCRIPTION <i>(Athlete, Manager, Member, Participant, President)</i>	GR. 8	GR. 9	GR. 10	GR. 11	GR. 12
Art <i>(Does not include activities completed for a course).</i>						
Clubs						
Music <i>(Does not include activities completed for a course).</i>						
School Service <i>(Does not include activities completed for a course i.e. WEX, CLE 10, CLC, Community Service, Peer Tutoring)</i>						
Sports <i>(Does not include activities completed for a course i.e. WEX, CLE 10, CLC, Community Service, Peer Tutoring)</i>						
Student Council						
Theatre <i>(Does not include activities completed for a course).</i>						
Other <i>(Does not include activities completed for a course i.e. WEX, CLE 10, CLC, Community Service, Peer Tutoring)</i>						

Completed forms are due to the Office by Wednesday, April 15, 2026, 3:30 PM.



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SUPPLEMENTAL FORM - COMMUNITY ACTIVITY SHEET

Provide a summary of your community involvement below. The contact person should be somebody who can speak to and verify your community involvement. **An activity should only be listed once below.** Note, you must also complete an online 2026 Kitsilano Scholarship Application form.

NAME: _____ STUDENT #: _____

• **COMMUNITY/VOLUNTEER SERVICE (Over the last 5 years)**

(Does not include hours completed for a course i.e., WEX, CLE 10, CLC, Community Service, Peer Tutoring)

	<u>DESCRIPTION</u> <i>(Role/Duties)</i>	<u>DATES & FREQUENCY</u>	<u>TOTAL HOURS</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	St. Pauls Hospital, Gift Shop Cashier	Nov 2023 – Feb 2025 2hrs/week	30 hrs	Jane Doe	778-555-5555
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

• **COMMUNITY EXTRA-CURRICULAR ACTIVITIES (Community Sports, Fine Arts, Youth Groups, etc.)**

(Does not include hours completed for a course i.e., WEX, CLE 10, CLC, Community Service, Peer Tutoring)

	<u>DESCRIPTION</u> <i>(Role/Duties)</i>	<u>DATES & FREQUENCY</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
EX.	Vancouver Youth Soccer Assoc., Player	Sept 2021 – Mar 2025 6 months/year	John Doe	604-555-5555
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

• **WORK EXPERIENCE (Over the last 5 years)**

(Does not include hours completed for a course i.e., WEX, CLE 10, CLC, Community Service, Peer Tutoring)

	<u>DESCRIPTION</u>	<u>DATES</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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