

**CHAMPLAIN LENNOXVILLE  
SUPPORT STAFF AWARD  
APPLICATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**MOTHER TONGUE:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_

**CRC TEACHER (as reference):** \_\_\_\_\_

**COPY OF TRANSCRIPT.**

**\* Explain why you think you would be a good  
Candidate for this award.**

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