

APPLICATION FORM



BCFGA SCHOLARSHIP

For Children of Farmworkers Participating in the Seasonal Agricultural Workers Programme (SAWP) and employed in the province of British Columbia, Canada.

Academic Year: 2026 / 2027

Application Date :

Application No. :

1. APPLICANT INFORMATION (STUDENT)

Full Name : First Middle Last

Date of Birth : Gender : Male Female
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School Currently Attending :

Grade/Form : Average Attained : Student ID :
(Applicant should have B average and above)

2. SAWP WORKER INFORMATION

Full Name : First Middle Last

Relationship to Applicant : Mother Father Guardian Current SAWP Status : Active Inactive

Name of Employer (British Columbia, Canada) : Number of Continuous Years on SAWP : years

3. PARENT / GUARDIAN CONTACT INFORMATION

Full Name : First Middle Last

Relationship to Applicant : Mother Father Guardian

Street Address :

City : Parish :

Telephone Number : WhatsApp :

Email Address :

NOT TO BE SOLD

