DECLARATION OF LOST SCHOLARSHIP AWARD
VOUCHER REPLACEMENT REQUEST

- Dogwood District/Authority Award Scholarship _____
- Grade 12 Graduation Program Examinations Scholarship _____

PRESENT NAME _____
First Middle Last

FORMER NAME (proof of name change required) _____

PRESENT ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: (_____)_____ EMAIL: _____

PERSONAL EDUCATION NUMBER (PEN): _____

SOCIAL INSURANCE NUMBER (SIN): _____

BIRTHDATE: _____

THE FEE FOR ADMINISTRATIVE SERVICE IS $25.00. PLEASE SELECT PAYMENT METHOD:
(If paying by cheque or money order, please make payable to MINISTER OF FINANCE)

- Cheque (will be held for 21 days before processing request)
- Money Order
- VISA or MasterCard _____ _____ _____
  Card Number Expiry Date Signature of Cardholder

I declare that I have not redeemed the Scholarship voucher originally issued to me. I have since lost or misplaced this voucher. I agree to use the replacement voucher and in the event that the original voucher is found, I will return it unused to the Ministry of Education, Awards Program, for destruction.

_____ _____
Signature of Student Date

Ministry of Education Awards Program

Mailing Address:
PO BOX 9886 STN PROV GOVT
VICTORIA, BC V8W 9T6
Telephone: (250) 356-2443
Facsimile: (250) 356-0271

Location:
3rd Floor, 620 Superior Street
Victoria, BC V8V 1V2

WWW Home Page:
http://www.bced.gov.bc.ca/awards