



# LISGAR COLLEGIATE INSTITUTE

## Essay Verification Form

FORM  
**B**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please complete this form and return it to the student services office.*

**Scholarship/Award Title:** \_\_\_\_\_

### TO ACCOMPANY APPLICATIONS BEING SUBMITTED FOR NOMINATED SCHOLARSHIPS/AWARDS ONLY

**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 Teacher's Name

\_\_\_\_\_  
Teacher's signature

**Students:**

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