



## 2022 Teacher Scholarship Award Application Form

Applicants must be residents living in the Peel/Halton Regions

	ı	Applicant Information	
Full Name			
First Name		Last Name	Initial
Address			
	Street Address		Apartment/ Unit #
	City	Province	Postal Code
Phone Number		Email address	
Emergency		Emergency	
Contact Name		Contact Phone	
		<b>Current Studies</b>	
College/Univers	sity		
	Name of College of	or Institution you are attendi	ng
Institution Address		•	
Institution Phone #			
Program of Study		Duration of Program	Year Graduating





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Ad	lditional Informat	tion Required fro	m Applicants			
Please provide information a	bout the followin	ıg:				
Community Involvement / Volunteer Experience						
Community involvement/ vo	Community Involvement/ Volunteer Experience:					
Other Interests or Activities:						





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Important Information for Applicants  Applicants must be:  • An individual graduating from Teacher's college; or an individual who has recently graduated.  • A Canadian citizen or permanent resident – residing in Peel Region, or surrounding areas.  • Have never received a Congress Scholarship.  Applicants must submit the following documents to the Selection Committee:  1. A completed scholarship application form. (Download, complete, save and email the form)  2. An essay describing the reasons why you would be a worthy recipient of the CBWC Mississauga and Area Chapter Teacher Scholarship Award. a) Include your contribution to the community, other volunteer activities, and what motivated your contribution. b) Also include your academic achievements, your most important accomplishments, and your future goals.  3. Two letters of reference.  4. Proof of graduation / date you will graduate.  5. Scholarship application form and required supporting documents should be sent by email to the Scholarship Selection Committee at: education.mississauga@cbwc-ontario.org  Signature of Applicant  By placing my signature (electronic or print) below, I certify that I have read and understand all the terms in the application guidelines. I also certify that the information contained in this application form is accurate and complete. I understand that any misrepresentations in this application will lead to disqualification for the Post-Secondary Scholarship award.		Additional Information Required from Applicant -Continued					
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	the Po	st-Secondary Scholarship award.					
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Signature Date	Signat	ure Date					