



2023 Adult Scholarship Award Application Form

Applicants must be residents living in the Peel/Halton Regions

Applicant Information

Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	Initial
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Address	Apartment/ Unit #	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	Province	Postal Code
Phone Number	<input type="text"/>	Email address	<input type="text"/>
Emergency Contact Name	<input type="text"/>	Emergency Contact Phone	<input type="text"/>

Academic History

<input type="text"/>	<input type="text"/>
Name of High School Attended	Year Graduated
<input type="text"/>	<input type="text"/>
Post Secondary Institution Attended	Year Graduated
<input type="text"/>	<input type="text"/>
Post Secondary Institution Attended	Year Graduated
<input type="text"/>	<input type="text"/>
Post Secondary Institution Attended	Year Graduated

Current Studies

College/University	<input type="text"/>
	Name of College or Institution you are attending
Institution Address	<input type="text"/>
Institution Phone #	<input type="text"/>
<input type="text"/>	<input type="text"/>
Program of Study	Year Graduating
<input type="text"/>	<input type="text"/>
Duration of Program	Year Graduating



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Additional Information Required from Applicants

Please provide information about the following:

Community Involvement/ Volunteer Experience:

Other Interests or Activities:



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Additional Information Required from Applicant -Continued

Future Plans:

Important Information for Applicants

Applicants must be:

- An adult Black female.
- Canadian citizen or permanent resident – residing in Peel Region, or surrounding areas.
- Have never received a Congress Scholarship.
- Enrolled in a diploma or certificate program at an accredited Canadian University, College, or vocational/technical institute.

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 Adult 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 registration in a recognized university, college, vocational/ technical institution.
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 Adult Scholarship award.

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Signature

Date