



## 2023 Teacher Scholarship Award Application Form

*Applicants must be residents living in the Peel/Halton Regions*

### Applicant Information

<b>Full Name</b>			
	<b>First Name</b>	<b>Last Name</b>	<b>Initial</b>
<b>Address</b>			
	<b>Street Address</b>	<b>Apartment/ Unit #</b>	
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Phone Number</b>		<b>Email address</b>	
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone</b>	

### Current Studies

<b>College/University</b>			
	<b>Name of College or Institution you are attending</b>		
<b>Institution Address</b>			
<b>Institution Phone #</b>			
<b>Program of Study</b>	<b>Duration of Program</b>	<b>Year Graduating</b>	



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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 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](mailto: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.

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**Signature**

**Date**