



2025 Post-Secondary Scholarship Award Application Form

Applicants must be residents living in the Peel/Halton Regions

Applicant Information

Full Name			
	First Name	Last Name	Initial
Address			
	Street Address	Apartment/ Unit #	
	City	Province	Postal Code
Phone Number		Email address	

School Information

High School Name	
	Secondary School from which you will Graduate
Grade	
	Grade that will be completed by June of this year
College/University	
	College or University you will be attending
Program	
	Program of Study

Parent/Guardian Information

Full Name			
	First Name	Last Name	Initial
Address			
	Street Address	Apartment/ Unit #	



	City	Province	Postal Code
Phone Number		Email address	

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Additional Information Required from Applicants

Please provide information about the following:

Community Involvement/ Volunteer Experience:

Describe your community involvement/ volunteer experience:

Extra-Curricular Activities:



Describe your Extra-Curricular Activities:



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Additional Information Required from Applicant -Continued

Career Ambitions:

Describe your Career Ambitions:

Important Information for Applicants

Applicants must be:

- Graduates of the Ontario Secondary School system in 2025
- Accepted to first year of study in a Canadian post-secondary institution
- Able to demonstrate a solid academic and volunteer service experience
- Residents of Peel or surrounding areas

Applicants must submit the following documents to the Selection Committee:

1. A completed scholarship application form. (Download, complete, save and email the form)
2. A one-page typed essay stating why she or he should be selected for an award.
3. Two letters of recommendation: One from his or her school and the other from an extra-curricular/community group. Wherever possible, letters should be on letterhead and signed.
4. Original transcript(s) of applicant's grades.
5. Proof of acceptance to a recognized Canadian university or college.
6. 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.

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Signature

Date