



## 2026 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"/>
	Street Address	Apartment/ Unit #
	<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"/>	<input type="text"/>
Post Secondary Institution Attended	Degree/ Diploma Obtained	Year Graduated

<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Secondary Institution Attended	Degree/ Diploma Obtained	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"/>



<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:**

Describe your community involvement/ volunteer experience:

**Other Interests or Activities:**



Describe your Extra-Curricular Activities:

A large, empty rectangular box with a thin black border, intended for the student to describe their extra-curricular activities.



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### Additional Information Required from Applicant -Continued

#### Future Plans:

Describe your plans for the future:

### Important Information for Applicants

Applicants must be:

- A Black adult.
- 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](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 Adult Scholarship award.

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**Signature**

**Date**