



2026 Teacher 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"/>	<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"/>

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"/>	<input type="text"/>
Program of Study	Duration of Program	Year Graduating



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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:



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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:

- 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.

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Signature

Date