

Scholarship Application Form

To Be Completed by Student **BEFORE** [May 29, 2009](#)

Please have your answers prepared before you start completing this form. You will NOT be able to modify your application once you have submitted it to us.

[Click here](#) for FAQs on the application process.

1. About Yourself

* First Name

* Last Name

* Date of Birth

Worker's Name

* Social Insurance Number

* Citizenship Status

- Canadian Citizen
- Permanent Resident
- Protected Person

* Street

* Apt. #

* City

* Postal Code

Telephone Number

Cell Phone

* Email

Alternative Address

If you are moving after August 1, 2009, please provide your new address and telephone information.

Street

Apt.

City

Postal Code

Telephone Number

Name of contact person
(other than social worker)

Contact person's telephone
Number

2. About Your Academics

* Last School Attended

Level of Education Achieved & Dates:

High School Grad / GED -- Date:

College Diploma -- Date:

University Degree -- Date:

Other - pls. specify:

Date:

* Have you been accepted for

(If you are applying for the first time, your application will not be complete until we receive your Offer of Admission.)

* Name of post-secondary
institution

* Name of Program

* Length of Program

* Year you will be enrolling in

- 1st year
- 2nd year
- 3rd year
- 4th year
- Post-Graduate

If you are returning to your second, third or fourth year, please mail us a copy of your previous year's transcript.

* Have you previously received a Hope for Children Foundation Scholarship?

- Yes
- No

If so, when?

* Are you applying for any other Scholarships/Bursaries? If you are applying for OSAP, [please click here](#) for specific information for Crown Wards.

- Yes
- No

If yes, provide name and scholarship source

3. Tell us about your achievements

(max 250 words) The scholarship committee would like to know about the successes, disappointments, and challenges you face in your studies. This helps the committee understand your needs, and also helps them continue their efforts to raise funds for you and other students in the future. At any time throughout the academic year, should you have something to share about your experience, please contact your worker, or the Foundation directly, at 416-395-1634. Thank you for your co-operation in this regard.

*

4. Additional Information (max 100 words)

Tell us about your aspirations. Please describe what you aspire to do after graduation from college, university or vocational training program.

*

5. If you are awarded a scholarship, please suggest what we can say about you during the Award Ceremony.

(max 50 words)

Declaration:

I hereby certify that the information provided on this form to the Hope for Children Foundation Scholarship Committee is complete and accurate. I authorize the Foundation to submit my application or any relevant information from my application to donors for consideration of any scholarships that I may be eligible to receive.

Should I be selected to receive a scholarship, I agree to attend the Hope for Children Foundation Scholarship Event at the

end of August 2009, and to provide periodic updates to the Foundation regarding my academic progress.

I hereby authorize the Hope for Children Foundation and the Catholic Children's Aid Society to use my photos taken during the Scholarship Event in your print and web publications.

* I agree to these terms.

IMPORTANT: Please [click here to print this application before you hit "submit"](#). The printed and signed application should be sent to your worker with your supporting documents (acceptance letter and/or transcript of the previous year).

Submit

* Required Field