

**SCHOLARSHIP APPLICATION FORM**

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| **GENERAL INFORMATION** |
| Mr.  Ms. |
| First Name: Click here to enter text. Family Name: Click here to enter text. |
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| Permanent Address: Click here to enter text. Apartment #: Click here to enter text. |
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| City: Click here to enter text. |
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| Province: Click here to enter text. Postal Code: Click here to enter text. |
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| Telephone (incl. area code): Home: Click here to enter text. Cell: Click here to enter text. |
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| Email: Click here to enter text. |
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| Date of birth: Click here to enter text. Social Insurance Number: Click here to enter text. |
| day / month / year |
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| **BATSHAW YOUTH AND FAMILY CENTRES HISTORY** |
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| List the program that you were in at Batshaw Youth and Family Centres (with approximate dates if possible) |
| DATE: Click here to enter text. PROGRAM: Click here to enter text. |
| day / month / year |
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| Staff Contact Name: Click here to enter text. Telephone: Click here to enter text. |
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| Have you ever received a Scholarship from Batshaw Centres Foundation (ex: Lois Daly Scholarship) before:  Yes:  No: |
| If yes, please specify the dates(s) and the amount(s):  Date: (yr/mth) Click here to enter text. Amount: $ Click here to enter text.  Date: (yr/mth) Click here to enter text. Amount: $ Click here to enter text. |
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| **EDUCATION** | | |
| List the high school/institution you have attended, the last year and the diploma achieved: | | |
| **NAME OF SCHOOL** | **LAST YEAR ATTENDED** | **DIPLOMA ACHIEVED** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| List the post-secondary institution and the discipline to which you have applied or intend to apply | |
| **DISCIPLINE** | **POST SECONDARY INSTITUTION** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **FINANCES** |
| Have you applied for any other type of financial assistance? : Yes: ☐ No: ☐ |
| If yes, please indicate the name, amount and the result of your request:  Click here to enter text. |

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| **Describe what your journey to higher education means to you**: |
| Click here to enter text. |

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| **Describe your achievements and tell us about your aspiration For the near and more distant future:** |
| Click here to enter text. |

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| **The completed application package must include:**  🗹 Scholarship application form  🗹 An official copy of your most recent school transcript; if coming out of high school, a photocopy of the transcript issued by the Ministry of Education. You can obtain this at: ***www.education.gouv.qc.ca***;  🗹 From the Registrar’s office, a letter of attestation (with seal of school). The letter is to include the semester you are registered in, your status, the name of the study program and the number of courses.  🗹 Your schedule for the semester you are applying for. |

**DEADLINES FOR APPLICATION**: **Fall Semester: September 30, 2020**

**Winter Semester: January 31, 2021**

Please forward your completed application and documents to:

Batshaw Youth and Family Centres Foundation

5, rue Weredale Park

Westmount (Quebec) H3Z 1Y5

**BATSHAW YOUTH AND FAMILY CENTRES FOUNDATION**

**SCHOLARSHIP FUND**

The purpose of the Scholarship Fund is to promote and encourage continuing education to young *adults until the age of 25*. Funds are made available for youth who are receiving or have received services from Batshaw Youth and Family Centres.

University students can receive up to $1500 per semester, while students of post-secondary institutions, including CEGEP, can receive up to $500 per semester for tuition and books.

To be considered, the candidate must submit a completed application form with the required official documentation ***every semester***. **All documentation must be sent in together in a single mailing to be considered.** Incomplete applications without proper documentation will not be considered.

Application and documentation should be forwarded to:

Batshaw Youth and Family Centres Foundation

5, rue Weredale Park

Westmount (Quebec) H3Z 1Y5

*For more information, please send an email to:* [***batshaw.foundation.comtl@ssss.gouv.qc.ca***](mailto:batshaw.foundation.comtl@ssss.gouv.qc.ca)