



Cochrane Immigrant Services Committee Scholarship

Cochrane Immigrant Services Committee (CISC) announces *the Cochrane Immigrant Services Committee Scholarship Program*. Under the Program, two (2) \$250 scholarships will be awarded to a newcomer to Canada as defined under Permanent Residence status who are willing to be an active volunteer with Cochrane Immigrant Service Committee (CISC)".

Program Guidelines & Priorities:

- Applicants are newcomers to Canada under Permanent Residence status, Student VISA, and/or working towards Citizenship. Please reach out if you need clarification. See below.
- Newcomer is defined as living in Canada 5 or less years.
- Applicants must be under 21 years of age as of August 31st of the year of application.
- Applicants should be able to show how they have been involved with the Cochrane Immigrant Services Committee (CISC) as a volunteer.
- Applications are due August 31 (Fall Start) and/or November 30 (Winter Start) by 5:00 pm. Late applications will not be accepted.
- Applicants must plan to attend a two (2)-year community college or four (4)-year college or university. Applicants must provide a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.
- Applicant's applications will be reviewed by a committee created by the Cochrane Immigrant Services Committee (CISC).
- Applicants will be notified by email if they are to receive the scholarship in September or January.
- Applicants will attend a CISC event to receive a scholarship.
- Scholarship funds will be paid during the month of **October or February** directly to the student.

Application Process:

- Please email CISCcochrane@gmail.com to get an application form.
- Fill out the application form. Be careful to follow all directions.
- Email filled out application to CISCcochrane@gmail.com
- A mailed copy can be sent to **Cochrane Immigrant Services Committee Scholarship Committee** (*This includes filled application and certificate of enrollment*)
 - Email CISCcochrane@gmail.com for address

Please submit any questions to: Sandra Scott at CISCcochrane@gmail.com or Fleeha Ahmad at fahmad@ccisab.ca.



SCHOLARSHIP APPLICATION

Cochrane Immigrant Services Committee Scholarship													
1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Last Name:</td> <td style="width: 50%; border: none; padding: 5px;">First Name, Middle Initial:</td> </tr> </table>	Last Name:	First Name, Middle Initial:										
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2.	<table style="width: 100%; border: none;"> <tr> <td colspan="3" style="border: none; padding: 5px;">Mailing Address</td> </tr> <tr> <td style="border: none; padding: 5px;">Street:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;">City:</td> <td style="border: none; padding: 5px;">Province:</td> <td style="border: none; padding: 5px;">Postal code:</td> </tr> </table>	Mailing Address			Street:			City:	Province:	Postal code:			
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4.	<table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 5px;">Date of birth:</td> <td style="border: none; padding: 5px;">Month</td> <td style="border: none; padding: 5px;">Day</td> <td style="border: none; padding: 5px;">Year</td> </tr> </table>	Date of birth:	Month	Day	Year								
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5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)												
6.	Name and location of high school:												
7.	<p>A. List any academic honors, awards and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:</p> <p>C. List how you have volunteered for Cochrane Immigrant Services Committee (CISC):</p> <p>D. List how you would encourage your friends, family, and co-workers to volunteer with their community.</p> <p style="text-align: right;"><i>(please add additional pages, if require)</i></p>												
8.	<p>A. If you have decided on the post-secondary school you will attend, please list the school name:</p> <p>B. If not, list your top three (3) post-secondary choices:</p>												
9.	Anticipated field of study:												
10.	<p>If under 18 years of age, please provide Name & address of parent(s) or legal guardian(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 5px;">Name(s):</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;">Street:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;">City:</td> <td style="border: none; padding: 5px;">Province:</td> <td style="border: none; padding: 5px;">Postal code:</td> </tr> <tr> <td style="border: none; padding: 5px;">Home phone of parents or legal guardians:</td> <td colspan="2" style="border: none; padding: 5px;">Work phone:</td> </tr> </table>	Name(s):			Street:			City:	Province:	Postal code:	Home phone of parents or legal guardians:	Work phone:	
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Home phone of parents or legal guardians:	Work phone:												

Applicant Signature: _____

Print:



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the Cochrane Immigrant Services Committee (CISC) scholarship program. (Winner may waive the photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Cochrane Immigrant Services Committee (CISC) scholarship policy, I will try to be present at assigned Cochrane Immigrant Services Committee (CISC) event to receive the scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Cochrane Immigrant Services Committee (CISC) scholarship policy, it is my responsibility to submit to the Cochrane Immigrant Services Committee (CISC) scholarship, no later than Aug 31 or November 30, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

<u>REMINDER: Due Date August 31st or November 30th</u>
Checklist: <input type="checkbox"/> Application <input type="checkbox"/> A certificate of enrollment for the fall semester
<u>COMPLETED APPLICATION PACKAGE TO:</u>
Cochrane Immigrant Services Committee Scholarship Committee CISCcochrane@gmail.com