



## **CIBPA OTTAWA SCHOLARSHIP AWARDS PROGRAM: SCHOLARSHIP AWARD CRITERIA**

### **PURPOSE**

CIBPA Ottawa Scholarship Awards Program (COSAP) was incorporated by CIBPA Ottawa to promote and assist access to post-secondary studies for members of the Italian-Canadian community residing in Ontario according to their academic merit and community involvement. In order to achieve these ends, COSAP will offer financial assistance in the form of monetary awards.

### **ELIGIBILITY CRITERIA**

Since COSAP's object is to advance the education of Ontario residents of Italian descent, the following are the eligibility requirements of scholarship, bursary or grant recipients:

1. Ontario resident;
2. Pursuing post-secondary education;
3. Academic merit; and
4. Italian descent and involvement in the Italian community.

### **APPLICATION FOR SCHOLARSHIP**

In order to be considered by the Scholarship Selection Committee, a candidate, in addition to meeting the eligibility requirements, must:

1. Complete the Application for Scholarship Form and submit the accompanying documentation on or prior to **October 15** of the year in which the application is made;
2. Enclose the following documentation with the duly completed application form:
  - a) An **official** copy of their most recent transcript/report card; or
  - b) A certificate of admission as proof that the student has been officially accepted for full time studies at a recognized university or college for the school year for which this application is being made.

## The Canadian-Italian Business and Professional Association of Ottawa

### SCHOLARSHIP APPLICATION

The CIBPA Ottawa Scholarship Awards Program is open to full time university and college students at the undergraduate, graduate or post-graduate studies levels that are recognized residents of the province of Ontario and are of Italian descent or have made significant contributions to the Italian community.

To be considered by the CIBPA Ottawa Scholarship Awards Program Committee, a candidate must:

2. Be attending university or college on a full-time basis for the school year commencing in August or September 2015.
3. Where applicable, answer each of the questions on the application form and submit the application form as well as the accompanying documentation on or prior to **October 15, 2016**. Essay questions must be submitted in typewritten format in order to be considered.
4. Enclose the following documentation with the duly completed application form:
  - a) If you are entering your first year of post secondary studies, attach a copy of your certificate of admission (as proof that you have been officially accepted for full time studies at a recognized university or college) along with an **official** copy of your most recent report card.
  - b) If you are currently enrolled in post secondary studies, attach an **official** copy of your most recent transcript.
5. Bursary applications and supporting documents can be sent via email to [cibpaottawascholarships@gmail.com](mailto:cibpaottawascholarships@gmail.com) or by mail to the following address:

**CIBPA Ottawa Scholarship Awards Program**  
1026 Baseline Road  
Ottawa, ON  
K2C 0A6

6. To be selected, a candidate must:
  - a) Have achieved a high grade-point average in previous years of study as indicated by the transcript or report card.
  - b) Demonstrate a significant level of community involvement.
7. Three scholarships of up to \$1,500.00 each will be awarded at the awards dinner which will take place in **November 2016** (time and location to be determined). Successful candidates will be notified ahead of time and are expected to attend an awards dinner to receive their scholarship.

**SCHOLARSHIP APPLICATION**

**FULL TIME COLLEGE OR UNIVERSITY STUDENTS**

<p><b>APPLICANT'S NAME</b></p> <p>_____</p> <p>Family Name                      First Name</p>	<p><b>DATE OF BIRTH</b></p> <p>____/____/____</p> <p>Year      Month      Day</p>
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<b>APPLICANT'S PERMANENT ADDRESS in ONTARIO</b>		
_____		
Number	Street	Apt.
_____		
City or Town	Province	Postal Code
_____		
Telephone – Residence	Telephone – Cell	Email address

<b>STUDIES</b>		
Current program of Studies:		
_____		
Name of Institution	Faculty	Specialization

**PREVIOUS ACADEMIC HISTORY**

Institution	Diploma/Degree	Year Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PREVIOUS ACADEMIC AWARDS AND SCHOLARSHIPS**

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**COMMUNITY INVOLVEMENT** (In typewritten form, attach a document describing your community involvement)



**PERSONAL BIOGRAPHY** (In typewritten form, attach a document describing yourself, what your Italian heritage means to you, and why you should be awarded a CIBPA scholarship)

**SOLEMN DECLARATION**

I, the undersigned, do hereby declare that information contained herein and the accompanying documentation is true, accurate and complete and that the supporting documents originate from the appropriate institutions.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_