



**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 who are recognized residents of the province of Ontario and are of Italian descent and have made contributions to the Italian community.

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

1. Be attending university or college on a full-time basis for the school year commencing in August or September 2011.
2. Print, complete and submit the application form as well as the accompanying documentation on or prior to **October 31, 2011**. Essay questions must be presented in typewritten format in order to be considered.
3. 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.
4. Scholarship applications and supporting documents are to be addressed as follows:

**CIBPA Ottawa Scholarship Awards Program
P.O. Box 1095
Postal Station B
59 Sparks Street
Ottawa, Ontario
K1P 5R1**

5. 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.
6. Three scholarships of up to \$1,500.00 each will be awarded at the awards dinner which will take place in **January 2012** (date 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.



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SCHOLARSHIP APPLICATION

FULL TIME COLLEGE OR UNIVERSITY STUDENTS

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

STUDIES		
Current program of Studies:		
_____ Name of Institution	_____ Faculty	_____ Specialization

PREVIOUS ACADEMIC HISTORY

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

ACADEMIC AWARDS AND SCHOLARSHIPS

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, your involvement (if any) in the Italian community, 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: _____