



c/o: 26557 Civic Centre Road, Keswick, ON L4P4G6
 (289)338-3863 www.georginacares.ca georginacares@rogers.com

Georgina Cares Scholarship Application Form 2019

GUIDELINES TO COMPLETING THIS APPLICATION FORM *Read Carefully!*

1. Applicant must be graduating from high school in June 2019
2. Must be a permanent resident of Georgina
3. Incomplete application packages will not be considered. Please refer to the checklist below to make sure your package is complete.
4. All information provided in the application process and on the application form will be held in strict confidence and will only be used for the purposes of the application.
5. There are up to three scholarships available for 2019 graduating students. Each scholarship is valued at \$500. Any funding granted will be issued in the form of a cheque payable to the recipient (student).
6. **THIS APPLICATION PACKAGE MUST BE COMPLETED AND RECEIVED BY GEORGINA CARES ON OR BEFORE FRIDAY, MAY 10th, 2019 AT 4:30PM AT THE ADDRESS ABOVE OR BY EMAIL TO GEORGINACARES@ROGERS.COM.**
7. Successful recipients will be notified by email and arrangements will be made for a photo opportunity and cheque presentation.

| Checklist | Complete |
|---|-----------------|
| Georgina Cares Scholarship Application (this form) | |
| Letter of recommendation from any of the following: (Elder, Teacher, Principal, Employer, Coach or Community Leader) | |
| Essay about Community Involvement (typed, 500-word minimum) | |



Scholarship Application Form – 2019

Fill in all sections. Incomplete applications will not be accepted.

| SECTION 1: APPLICANT INFORMATION | | | |
|---|-------|-------------------|----------------|
| Full Name of Applicant: | | | |
| Full Mailing Address: | | | |
| Telephone: | Home: | Cell: | |
| Email: | | | |
| Parent/Guardian Name: | | | |
| Telephone: | Home: | Cell: | |
| Email: | | | |
| Parent/Guardian Name: | | | |
| Telephone: | Home: | Cell: | |
| Email: | | | |
| SECTION 2: HIGH SCHOOL INFORMATION | | | |
| Name of School: | | | |
| Telephone: | | Reference: | |
| SECTION 3: CHOSEN COLLEGE/UNIVERSITY INFORMATION | | | |
| Name of School: | | | |
| Field of Study: | | | |
| If you have not enrolled in a program in September 2019, please identify (on a separate sheet) what your plans are for the upcoming year. | | | |
| SECTION 4: COMMUNITY INVOLVEMENT | | | |
| (List all community organizations you have been involved with while attending high school) | | | |
| Organization | Role | Length of Service | Reference Name |
| | | | |
| | | | |
| | | | |
| If necessary, additional pages can be added to the end of this application form | | | |
| SECTION 5: ESSAY QUESTION | | | |
| In 500-1000 words, explain how you have given back to your community during your high school years. Give examples of specific organizations or projects that you have been involved with that have assisted children and families in our community. Also include why you think it is important to play an active role (volunteer) in the Town of Georgina. Your essay should be typed and attached to your application package. | | | |
| SECTION 6: RECOMMENDATION LETTER | | | |
| You are required to have a letter of recommendation from one of the following: Elder, Teacher, Principal, Employer, Coach or Community Leader. Letters from family or friends of the applicant will not be accepted. | | | |

APPLICATION PACKAGES MUST BE RECEIVED BY 4:30PM ON FRIDAY, MAY 10th, 2019.

Mail or drop off package to: Georgina Cares c/o: 26557 Civic Centre Road, Keswick, Ontario L4P4G6

For More Information: (289)338-3863 www.georginacares.ca georginacares@rogers.com