

## Eligibility Criteria:

- The student is a resident of Guelph or Wellington County.
- When experiencing significant personal, social, family, or learning related difficulties, students must have responded with resilience and a positive outlook to achieve the academic success needed to attend a post-secondary institution.
- Without financial assistance, the student might not otherwise be able to continue his or her education.
- Scholarship funds will be released to the successful applicant upon receipt of **Proof of Enrolment**. *Please note: an offer of admission is not sufficient.*

Applications are to be completed by the **Student** and by **Family & Children's Services** and returned to the Children's Foundation by **May 14, 2021.**

## Part One: Student Information

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(identified with) (dd / mm / yyyy)

## Part Two: Referring Social Worker Information

Contact Name & Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

**Please select which scholarship you are applying for. Eligible students may apply for both scholarships.**

Promoli Scholarship \$1,000

Tait Scholarship \$7,500  
*\* may be split between 2 or 3 students*

## Part Three: Scholarship Selection & Post-Secondary Information

Name of the Post-Secondary Institution attending: \_\_\_\_\_

Intended Program of study: \_\_\_\_\_

*Check one:*

The student has been accepted to this program.

The student is waiting for an offer of admission.

**Proof of enrolment will be required.**

**Applications accepted by email to [anita@childrensfoundation.org](mailto:anita@childrensfoundation.org), fax, mail or in person.**

## Part Four: Student's Story

**Student:** Please share your story by submitting answers to the following questions in the format of your choosing (written, visual, AV). A one-page story (or equivalent) is sufficient. Assistance from your social worker is allowed, if needed.

1. Explain your struggles (personal, family, social or educational difficulties). How have you overcome these struggles to graduate high school and pursue post-secondary education?
2. What are your educational / career goals?
3. How do you think receiving this scholarship will help you?
4. How will this Scholarship assist with your post-secondary goals?

You are welcome to include a letter of recommendation.

## Part Five: Waiver & Permission

I/We hereby state that the above information is accurate and authorize the Children's Foundation of Guelph and Wellington to make any inquiries it deems necessary to verify this information, and that the confidentiality of such information will be respected. I/We understand that the Children's Foundation has the right not to grant any or all of the funds requested.

The Children's Foundation requests that the successful applicant provides a reflection on the impact this scholarship has had after their first term. A \$100 award will be provided upon receipt of the reflection form.

Please indicate your preference by selecting ONE of the following choices:

I, the scholarship student, give permission to the Children's Foundation to use some or all of my story information for promotional or fundraising purposes, and I understand that the Children's Foundation will change or remove identifying information including my name for privacy. I understand that I can refuse permission by checking the box below, or at any time in the future by notifying the Children's Foundation in writing.

I do not want my story used for promotional or fundraising purposes.

Application will be viewed **only** by members of the Children's Foundation Scholarship Committee.

Signature of Student: \_\_\_\_\_

Signature of Social Worker: \_\_\_\_\_

Check one:

Proof of Enrollment is attached.  Proof of Enrollment is still to come.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2021

For CFGW Use Only

Date Received: \_\_\_\_\_ Proof of Enrolment Received: \_\_\_\_\_

Authorization: \_\_\_\_\_

Scholarship Award Sent: \_\_\_\_\_ Date: \_\_\_\_\_