



BARBADOS CANADA FOUNDATION

"We help our youth create their future and strive to improve the lives of those in need."

BARBADOS CANADA FOUNDATION [BCF] SCHOLARSHIPS APPLICATION FORM

Surname:	First Name:	Initial or Middle Name:

How do you wish to be addressed? <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Date of Birth (Year / Month / Day):	CANADIAN Social Insurance Number:

I am a Citizen of Barbados by: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization OR	My <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather is / was a citizen of Barbados by <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization

Permanent Address

Street:	City / Town / Parish:	Province / Territory, Country:	Postal Code:

Home Phone Number:*	Cell Phone Number:*	CANADIAN Cell / Other Contact Number if Different:*	Email Address:

Educational Institution

Name of Educational Institution from Which You Most Recently Graduated or are Currently Attending (Secondary School, College, University, Other):	Status of Study (Have You Graduated): <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of College or University to Which You Have Been Accepted as a Full-Time Student in the Upcoming Fall:

Street:	City / Town / Parish:	Province / Territory, Country:	Postal Code:

Canadian College / University Student Number:	I am currently a student at the college / university named above: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Graduation (Expected):

Program of Study:	Career Goals:

References (the two individuals listed must each provide a letter of reference):

1. Name:	Telephone Number:*

This individual must be a teacher at the institution at which you are currently enrolled or from which you recently graduated.

2. Name:	Telephone Number:*

This individual must be able to describe your community service / volunteer activities.

Our Commitment to Your Privacy

Barbados Canada Foundation is committed to protecting the privacy of information you share with us. The information you provide in this form will be used solely to process your application for a scholarship and will remain strictly confidential.

***For telephone numbers, input numbers only.**



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Part 2: Financial Information

Expenses	CDN\$ (nearest \$100)	Sources of Funding	CDN\$ (nearest \$100)
Tuition Fees		Scholarships / Bursaries excluding BCF Scholarships	
Residence or Rental Accommodation Costs		Personal Savings	
Living Expenses		Parents / Family Contribution	
Textbooks		Student Loans / Grants	
Stationery / Academic Supplies		Other (State; e.g., paid employment)	
Transportation			
Expenses Total		Income Total	

Wherever possible, provide copies of receipts / invoices bearing your name or that of your guardian(s) / parent(s).

Father's Occupation:	Mother's Occupation:

Father's Employer:	Mother's Employer:

In the space below, please check the range for your parents' gross income as reported in last year's tax return and provide the additional information requested. This information will assist us in determining your financial need and MUST BE PROVIDED.

<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$50,000 – Under \$75,000	<input type="checkbox"/> \$75,000 – Under \$100,000	<input type="checkbox"/> \$100,000+
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Total Number of Family Members Living at Home:	Total Number of Dependents in Your Family Including You:

Number of Children:	Ages of Children:	Number of Children Attending College / University:

I certify that I am of Barbadian heritage, (supporting documentation required on request), that I am or will be a full-time student and that the information given above is accurate and complete and understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the Board of Directors of Barbados Canada Foundation or its agents, that all decisions are final, and a scholarship will only be granted to me if I am enrolled as planned in an accredited Canadian university or college in the Fall in the year of my application; and that such funds will be disbursed to the Scholarships and Awards Office of my university or college. I consent to the use of my name, biography and photograph by Barbados Canada Foundation or its agents or sponsors, in promotional material or other information released to the public relating to the BCF Scholarships if I am granted a scholarship.

Insert Name:	Date:

For enquiries contact us by email at bfcfscholarships@gmail.com. Visit our website at www.barbadoscanaadafoundation.com. Attention: BCF Scholarships Program Coordinator.