

# Davidson Scholarship Fund Application Form

Completed Applications Are To Be Sent To:

**Canadian Mental Health Association/Peel Branch**

7700 Hurontario St, Suite 601

Brampton ON L6Y 4M3

Attn: Davidson Scholarship

Telephone: 905-451-1718 x 494

Fax: 905-451-1720

Email: [recoverywest@cmhapeel.ca](mailto:recoverywest@cmhapeel.ca)

**Personal Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you been involved in CMHA Peel's Vocational Program? If so, tell us about the program and how and when you were (or are) involved (attach a separate sheet if there is insufficient space).

**Details Of The Course You Are Currently Applying For:**

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number (code): \_\_\_\_\_

Name and Address where the course will be held: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cost in Current Academic Year:

Fee - including taxes in Canadian Funds \$	Books - including taxes in Canadian Funds \$	Travel - including taxes in Canadian Funds \$
_____	_____	_____

What are your travel expenses covering: \_\_\_\_\_

Indicate Financial Assistance Already Obtained: \_\_\_\_\_

Indicate Financial Assistance Applied For: \_\_\_\_\_

**Details Of Education:**

Details of the education you have taken so far and the levels achieved. Please include the names of the schools, colleges attended, and dates attended.

**References:**

Please Provide a name, address and phone number of at least two (2) references other than family that we may contact regarding your education

1) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

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

**Employment/Volunteer History:**

Please provide us with a listing of your employment/volunteer experience:

1: Employment  Volunteer

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

2: Employment  Volunteer

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

3: Employment  Volunteer

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**What Are Your Goals in Life?**

**What personal strengths and community supports do you have in place to successfully complete this course?**

**Why Do You Think You Would Be A Suitable Candidate For A Davidson Scholarship?**

**Thank you for completing this form. Feel free to add any additional material. It is advisable to apply of your courses and for additional financial assistance as soon as possible.**

**Don't Wait! Application Deadline: March 31st**