

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: 289-748-3223 x 3223

Fax: 905-451-1720

Email: recoverywest@cmhapeel.ca

****Please note that the amount granted is usually between \$500 - \$700 depending on number of applicants****

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: _____

Have you applied for OSAP? _____

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: February 3, 2020