



Association de la Communaute Haitienne de Calgary (ACHC)
Scholarship Application

Purpose

L'Association de la Communaute Haitienne de Calgary (ACHC) grants a number of scholarships annually to encourage and support students who are pursuing their educational goals at the college or university level.

Eligibility Criteria

- Be a resident of Alberta
- Currently attending high school, undergraduate college or university
- Academic achievements
- Demonstrate active involvement in the community
- Confirmation of registration from post-secondary institution

Selection of Scholarship Winners

- A selection committee appointed by the board will evaluate the applications and select the recipients
- Evaluation will be based on core academic achievement and community involvement
- The selection committee reserves the right to verify transcripts with your academic institution
- Scholarship is given annually

Obligations of Winners

Awarded winners must:

- Be pursuing at least one (1) full year of study
- Be prepared to participate in future award ceremonies, activities and serve as role model for others

Conditions of Payment

All applicants will be emailed with the outcome of the Scholarship Committee evaluation within 2 weeks after the deadline. A cheque for the full value of the scholarship will only be issued to the academic institution provided.

Closing Date for Application for Scholarship

Completed application package **MUST** be received no later than **November 30, 2020 at 6pm**. Please ensure that you submit a complete application as outlined above. The Treasurer will be in office on Thursdays from 2pm to 6pm, and also on November 30 from 2pm to 6pm. The Scholarship Committee will only review and consider a complete application for scholarship eligibility.



Scholarship Application Form

Deadline – November 30, 2020 at 6:00pm

PERSONAL INFORMATION

Full Name:	
Address:	Email:
Phone (home):	Phone (cell):

EDUCATION INFORMATION

Type of education	Current Year Enrolled	Enrolment Status
<input type="radio"/> University <input type="radio"/> College <input type="radio"/> Trade <input type="radio"/> Other: _____	<input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th	<input type="radio"/> Full-time <input type="radio"/> Part-time
Name/Address of Institution: Provide letter of registration. The committee may call the institution to confirm.		
Academic Start Date (dd/mm/yyyy)	Program Name	Program Length
Have you applied for ACHC Scholarship before?	Yes No	If yes, which year(s)?
Are you member of ACHC?	Yes No	If yes, since when?
Is your parent(s) member of ACHC?	Yes No	If yes, what year?
Have you volunteered with ACHC?	Yes No	If yes, what year?

List high school or post-secondary institution(s) you have attended in the past year.
(Please attach (1) transcript(s) and dates of attendance):

REFERENCES

If this is your first application, please provide 2 references for the above volunteer activities

Activity	Contact Name	Title	Phone number or email

