

UCPBA OTTAWA SCHOLARSHIP AWARD

Please print legibly.

A. BACKGROUND INFORMATION

Date of application (yyyymmdd) _____

Name (first, middle, surname) _____

Address _____

City, province, postal code _____

Phone number (home) () _____

Phone number (cell) () _____

Date of birth (yyyymmdd) _____

E-mail _____

Institution of study as of September 1st; field, program, or study major; year of studies

B. PAST EDUCATION

Name of institution	No. of years completed	Dates in attendance	Major subjects	Degree/Diploma received

Name of applicant: _____

C. WORK EXPERIENCE

Name of employer	Period of employment	Title of position	Responsibilities

D. VOLUNTEER EXPERIENCE

Name of organization	Date of volunteer activities	Activities and responsibilities

Name of applicant: _____

E. EXTRACURRICULAR ACTIVITIES, HOBBIES, AND SPORTS

F. ACCOMPLISHMENTS - This may include peer-reviewed publications, scholarships, awards, scholarly achievements, and personal triumphs.

Name of applicant: _____

G. HOW WILL THIS SCHOLARSHIP HELP YOU ACHIEVE YOUR GOALS?

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H. Please provide names and contact information for two references who have agreed to provide letters on behalf of your application. Arrange to have the letters mailed directly to the UCPBA Ottawa Scholarship Committee, 913 Carling Avenue, Ottawa, ON K1Y 4E3, postmarked by October 31st in the year of application.

Name Position Address
Name Position Address

I agree that the above information is factual. All personal information on this form will be protected under the *Privacy Act*.

Signature and date

Please send completed application forms to UCPBA Ottawa Scholarship Committee, 913 Carling Avenue, Ottawa, ON K1Y 4E3, postmarked by October 31 in the year of application.