



Educational Foundation For Children's Care Canada Scholarship Application

EFCCC Scholarship

Eligibility

You are eligible for a EFCCC Scholarship if you are a needy youth from a low income family who is:

1. A Canadian citizen or permanent resident.
2. Between 17 and 25 years of age as of September 1st of the year in which the scholarship is applied for.
3. Enrolled in full-time degree (undergraduate or graduate), diploma or certificate program at a Canadian college or university for the academic year commencing in the year in which the scholarship application is submitted. Students commencing their studies in the Fall are eligible.

Selection Criteria

The EFCCC Scholarships applicants will be evaluated on the basis of:

1. Financial need
2. Academic achievement
3. Community involvement or extracurricular activity.

Application Requirements

1. A completed application form (photocopied forms are acceptable); including completed financial information schedule section stating your budget for the coming year including information on your expected sources of funding (e.g. other scholarships received, student loan, parents, etc.), family income and related information, to assist us in determining your financial need. Including last year income tax return or T4.
2. A letter describing why you would be a worthy recipient of a EFCCC Scholarship. Include your contribution to the community, other volunteer activities, your academic achievements, your most important accomplishments and your future goals;
3. Letters of reference from the two individuals named in your application. One must be a teacher or coach from your high school, college or university. The other must be an individual, other than your teacher or a family member, who is familiar with your involvement in extracurricular activities, community or place of employment (work).



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4. An up to date official transcript.
5. Two passport size photos – head shot. (**NOTE:** Once submitted these photos will be the property of the EFCCC Scholarship Fund.)

CHECKLIST for items enclosed for EFCCC Scholarship Application

- 2 passport size photos, applicants completed packages
- 4 - copies of the completed application form
- 4 - copies of your letter describing why you would be a worthy recipient
- 4 - copies of your financial information schedule including last year income tax return or T4
- 4 - copies of each of your two reference letters
- 4 - copies of your official transcript – ONE copy MUST be an original

Deadline for Submission of Applications

Applications must be received at the office of the EFCCC Scholarship **no later than 4:00 p.m. EST, on Monday, December 21, 2020**. Please factor in time for mailing.

Applications may not be submitted by e-mail. NO EXCEPTIONS

Decisions

Scholarship recipients will be notified by Wednesday, December 30, 2020 and will be required to provide two professional black and white photographs for publicity purposes. Only recipients will be notified. The EFCCC Scholarship Committee wishes to thank all applicants for their interest in the EFCCC Scholarship Fund.

For enquiries please contact us at tel: 416-907-8558 or by e-mail at donation@efccc.ca. Visit our website at www.efccc.ca

Mail or deliver completed applications to:

Educational Foundation For Children's Care Canada
31 Coomer Crescent
Ajax, Ontario L1T 3C2



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APPLICATION FORM (Page 1 of 2)

PERSONAL INFORMATION:

Last Name:		First Name:		Middle Initial:	
Address:					
City:		Province:		Postal Code:	
Home Telephone Number: ()			Secondary Telephone Number: ()		
Email Address:			Today's Date:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Ins. No.:		Date of Birth: (Year/Month/Day)	
Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident (E.G: Landed Immigrant) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATIONAL INFORMATION:

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	
Year Graduated:		GPA/Final Grade:	
Address of educational institution named above			
Street		City/Town	
Province/Territory		Postal Code	
Name of college or university in which you plan to enroll in the Fall			
Program of Study		Career Goals	

SPECIAL ACHIEVEMENTS: i.e. list your honors, recognition extracurricular activities, community involvement, etc. (Note: may put on separate sheet if need more space)

REFERENCES: (The 2 individuals listed must each provide a letter of reference)

1. Name		Telephone Number ()	
(a teacher, coach or individual that can describe your involvement in extracurricular activities, community or work)			
2. Name		Telephone Number ()	
(a teacher, coach or individual that can describe your involvement in extracurricular activities, community or work)			



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FINANCIAL INFORMATION SCHEDULE:

Expenses: \$ (Nearest \$100)	Sources of Funding: \$ (Nearest \$100)
Tuition Fees	Scholarships and/or Bursaries
Residence or Rental Accommodation Costs	Personal Savings
Living Expenses	Parents/Family Contribution
Text Books	Student Loans
Stationery/Academic Supplies	Other
Travel	
Expenses Total: \$	Income Total: \$

In the space below, please indicate your family's approximate gross income from last year's tax return and the additional information requested. This information will assist us in determining your financial need and must be provided.

<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000 – Under \$35,000	<input type="checkbox"/> \$35,000 – Under \$45,000	<input type="checkbox"/> \$45,000 +
Total number of family members living at home:	Total number of dependents in your family including you:	Ages of dependent:	No. of dependent attending college/ university:

I certify 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 EFCCC Scholarship Committee, and agree to the public release of my name and photograph should I be awarded a scholarship. I also agree that scholarship funds will only be granted to me if I am enrolled as planned in an educational institution in the Fall, and that such funds may be distributed by the Scholarship and Awards Office of my school.

Signature of Applicant: _____

Date: _____