EFCCC / MLK Scholarship

Eligibility

You are eligible for an EFCCC / MLK Scholarship if you are a BIPOC (Black Indigenous Persons of Colour) youth with proof of financial need, plus the following:

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 an accredited university or college 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 / MLK Scholarship applicants will be evaluated on the basis of:

1. Financial need
2. Academic achievement
3. Community involvement or extracurricular activity.
4. The applicant should display in some part or another the attributes and characteristics of Martin Luther King Jr. in his/her community.

Application Requirements *** Please note only Electronic Applications will be accepted.

1. A completed application form (**legible** 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 your last year's income tax return or T4, if you were employed.

2. A comprehensive letter describing why you would be a worthy recipient of an EFCCC / MLK Scholarship. Include your contribution to the community, other volunteer activities, your academic achievements, your most important accomplishments and your future goals. Include challenges, victories, resilience and impact. Also add your Student ID and the appropriate department and address of your institution to which the scholarship cheque should be addressed to, if you are a successful recipient.

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).

4. Copy of an up to date original official transcript.

5. A clear headshot

CHECKLIST for items enclosed / attached for EFCCC / MLK Scholarship Application

- ☐ Completed application form
- ☐ Clear headshot
- ☐ Comprehensive letter describing why you would be a worthy recipient. Also add your Student ID and the appropriate department and address of your institution to which the scholarship cheque should be addressed to, if you are a successful recipient.
- ☐ Financial information (including your last year's income tax return or T4, if available)
- ☐ Two reference letters

☐ Copy of your original official transcript

Your success will be determined by the completion of the above checklist.

Deadline for Submission of Applications via Email

Applications must be submitted by email to the office of the EFCCC / MLK Scholarship **no later than 11:59 p.m. EST, on Friday, November 27 2026.**

Submission By Email Only

Completed application packages should be emailed to scholarships@efccc.ca.

Scholarship Decision

Scholarship recipients will be notified via email by Monday, December 7th, 2026. Only recipients will be notified. The EFCCC/MLK Scholarship Committee wishes to thank all applicants for their interest in the EFCCC/MLK Scholarship Fund. Winners should get prepared for a photo/video shoot on December 13, 2026, in preparation for the Martin Luther King Awards and Scholarship event on January 16, 2027. Winners should make every effort to attend the event with family and friends. More info to come!

Please visit our website at www.efccc.ca for additional information.

Educational Foundation For Children's Care Canada
MLK Scholarship Application

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:	
☐Male ☐Female	Social Ins. No.:	Date of Birth: *(Year/Month/Day)*
Canadian Citizen ☐Yes ☐No	Permanent Resident (E.G: Landed Immigrant) ☐Yes ☐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? ☐Yes ☐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)

APPLICATION FORM (Page 2 of 2)

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.

☐ Under $25,000	☐ $25,000 – Under $35,000	☐ $35,000 – Under $45,000	☐ $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 consent to use my submitted photo for purposes related to the EFCCC Martin Luther King Scholarship Program.

☐ I promise to do everything possible to attend the Scholarship presentation on January 16, 2027.

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 / MLK 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. Please provide Student ID and department to address scholarship cheque to, at your university / college.

Signature of Applicant: Date: