

Cegep Entrance Scholarship Application Form

Documents to be submitted:

- 1) Scholarship application form
- 2) Copies of grade 11 transcripts
- 3) Copy of CEGEP acceptance letter
- 4) Two recommendation letters preferably from a school teacher and a volunteer organization
- 5) Any other documents in support of your application

Please send all documents to the following address to:.

President, Aditya Youth Trust Fund (Cegep Scholarships) 2550 Cohen St Ville St laurent, Quebec, H4R 2N6.

STUDENT INFORMATION

Last Name		First Name(s)	
☐ Female ☐ Male	Citizenship	Date Of Birth (DD/MM/YY)	
Mailing Address / Street	t	·	
City		Province	Postal Code
Telephone		Email	
Full Name of Guardian/	Parent		
Occupation of Guardian	/Parent		
No. of dependant childre	en in the family		

EDUCATION RECORD

Name of High School								
School Mailing Address	s / Street							
City		Province		Postal Code				
Grade 11 Marks (%)	French	%	English	%	Mathematics	s %	Sciences	%
Name of CEGEP								
Program								
CEGEP Mailing Addres	ss / Street							
City			Province			Postal C	ode	

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Parent/guardian's signature(s):	Da	Date:	
SPORTS, LEADERSHIP, AND COMMUNITY SEF	RVICE RECORD		
Please list the sports and/or other extracurricular acany awards received.	ctivities you have taken or	n during school, and	
Sports / Extracurricular:	HRS/WK	START/END DATES	
Please list any community service activities you vol	lunteered for during your	school years	
, ,	lunteered for during your	school years START/END DATES	
, ,			
, ,			
Community Service Role and Organization Name	HRS/WK	START/END DATES	
Community Service Role and Organization Name Please use the space provided to detail any activities showed initiative to start or improve an activity with	HRS/WK	START/END DATES	
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Community Service Role and Organization Name Please use the space provided to detail any activities showed initiative to start or improve an activity with	HRS/WK	START/END DATES	
Please list any community service activities you vol Community Service Role and Organization Name Please use the space provided to detail any activities showed initiative to start or improve an activity with additional paper if space insufficient)	HRS/WK	START/END DATES	

Note: Personal information collected in this form will be used solely by AYTF for the purpose of selecting scholarship recipients.

Student's signature : _____ DATE:____