

CASA Scholarship Application

PERSONAL AND CONTACT INFORMATION:

Last Name: _____ First Name: _____
Date of birth (mm/dd/yy): _____

CURRENT MAILING ADDRESS

Street: _____ City: _____
Province: _____ Postal Code: _____
Telephone: _____ E-mail: _____

EDUCATION INFORMATION:

Prior to this application I attended:

School: _____ Years: _____
School: _____ Years: _____

EDUCATION PLANS:

My intended program of study is:

I plan to attend: Full time: Part Time: _____

Length of academic year (in months): _____

Length of entire program (in years): _____

Anticipated start date (mm/dd/yy): _____

Anticipated completion date (mm/dd/yy): _____

If applicable: Diploma/degree/certificate
achieved upon successful completion: _____



PROGRAM INSTITUTION:

Name: _____ Location: _____

Applied Conditionally Accepted Accepted

Other, please explain: _____

PROGRAM RELATED EXPENSES:

Total program fees: _____

Total other mandatory fees for program or training (health, library, U-pass, etc.): _____

Total mandatory supplies (textbooks, equipment, etc.): _____

Total Amount Requested: _____

DECLARATION AND CONSENT:

I understand:

- That funds will not be released until I have submitted the program receipts and proof of registration.
- That if funds have been advanced but there is a subsequent change to the intended program of study, the change must be submitted to CASA Foundation for approval.
- That if funds have been advanced but there has been a change of mind to pursue any form of education or learning program, funds must be reimbursed in full back to CASA Foundation.
- That no part of any scholarships granted by CASA Foundation can be applied to previous debts, accounts, or shortfalls.

I confirm that the information I have provided in this application is true, accurate, and complete.

I agree that CASA, CASA Foundation, and scholarship committee members have full and complete decision making power in awarding scholarships and will not provide, and are under no obligation to provide, reasons for their decisions. I also agree that the decision of the scholarships grants panel is final and not subject to appeal.

Applicant signature: _____ Date: _____



PRIVACY STATEMENT

CASA Foundation and scholarship committee collects personal information in a manner that recognizes both the right of an individual to have his or her personal information protected and the need of the Foundation to collect, use, or disclose personal information for purposes that are reasonable in fulfilling the Foundation mandate and mission.

CASA Foundation and scholarship committee uses personal information to record information from students that is needed to process applications and award scholarships.

CASA Foundation and scholarship committee may release information from time to time to our agents whom we control and who abide by this policy. We do not release information to other fundraising organizations or to commercial enterprises.

Please submit your completed application **NOW**

Or

Mail it to:

CASA Foundation
Suite 406, 10011 109 Street
Edmonton, AB T5J 3S8

E-mail it to:

foundation@casaservices.org with the subject line: **CASA Scholarship.**

Revised: January 2018

Charitable Registration: 87364 7424 RR0001