

GCAM



Guyana Cultural Association of Montreal
Association Culturelle Guyanaise de Montréal
<< Let Us Unite for Progress >>
P.O. Box 29640, 5950 Blvd. Cousineau
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2017 SCHOLARSHIP APPLICATION

APPLICANT'S INFORMATION (Please Print)

First Name: _____ Gender: M F

Family Name: _____ Date of Birth: _____ (D/M/Y)

Full Name of Mother: _____ Nationality: _____

Full Name of Father: _____ Nationality: _____

Home Address: _____
No. Street Name City Province Postal Code

Current Address (if different from above): _____
No. Street Name City Province Postal Code

Telephone Number: (____) _____ Cellphone Number: (____) _____

E-mail: _____

Current Place of Study: _____
Name of School City Province

Intended Place of Study (if applicable): _____
Name of School City Province

Program of Study: _____

Expected Date of Graduation: _____

Community / Volunteer Services: _____

Please provide a two-page typed essay (double spaced preferably) as to why you feel you should be considered for this award. The essay should include pertinent information; your goals, professional objectives and future endeavours.

The following should be enclosed with your application:

- Recent Transcript
- Acceptance letter from a recognized Canadian Educational Institution
- Two letters of Recommendation (e.g. present/past faculty member, present/past employer, religious or community representative)
- Two-page Essay (typed)

By signing this application, I am indicating that all information contained herein is correct.

Signature: _____ Date: _____