



Ottawa Community Immigrant Services Organization  
Organisme Communautaire des Services aux Immigrants d'Ottawa

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## **THE MARION DEWAR SCHOLARSHIP FUND 2018 APPLICATION FORM**

### **The Marion Dewar Scholarship Fund Criteria - All candidates must:**

- Be a resident of the National Capital Region.
- Be an immigrant or refugee.
- Demonstrate financial need.
- Be a graduating senior from High School or from another accredited Secondary Institution in the National Capital Region.
- Be pursuing a Degree/Diploma/Certificate from an accredited Post-Secondary Institution in the National Capital Region.
- Have a good academic standing: A minimum GPA of 3.3 on a 4.0 scale or 80%.
- Demonstrate leadership skills and community involvement.

### **REQUIRED DOCUMENTS**

**Please send the following documents and the completed application form together in one envelope.**

A two-page essay explaining why this scholarship is important to you and how you satisfy the eligibility criteria (e.g., academic achievement, school and community involvement, extra-curricular activities, education plans, goals aspirations and financial need).

- A photocopy of your latest official transcript of Grade 12 courses.
- A letter of recommendation from a Teacher/Guidance Counsellor in the current academic year.
- Proof of community work (please provide at least one reference letter from a community member or an organization that was involved in or benefited from this initiative. Copies of certificates and/or participation letters will be accepted).
- Proof of resident status in the National Capital Region (we will accept one of: proof of address, letter from employer, letter from landlord or neighbour).
- A statement indicating the amount of money expected from various sources (e.g., family/relatives, personal savings, employment, loans, and scholarships).

**PLEASE READ THE ENTIRE APPLICATION PRIOR TO FILLING IN YOUR INFORMATION**

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Application Deadline: **Postmarked by April 27th, 2018**

Number of Scholarships: **3**

Value of each Scholarship: **\$1500**

Winning applicants who chose to continue their post secondary education at either The University of Ottawa or Carleton University will receive an **additional \$1000** from the educational institution

Name of Applicant:			
Applicant's Mailing address:			
City/Province/Postal Code:			
Telephone:	(     )	E-mail:	
Current High School:			
School Mailing Address:			
City/Province/Postal Code			
School Board:	<input type="checkbox"/> Ottawa-Carleton District School Board <input type="checkbox"/> Catholic Board <input type="checkbox"/> Conseil des écoles catholiques des langues françaises <input type="checkbox"/> Conseil des écoles publiques de l'Est de l'Ontario <input type="checkbox"/> Other - please specify:		
Signature of Principal or Guidance Teacher			

## ACADEMIC HISTORY

Current average academic year -2018	
Final average academic year- 2017	
Final average academic year - 2016	

## FINANCIAL INFORMATION

Please indicate the amount of money which you have or expect to be contributed to your Post-Secondary related expenses from the following:

INCOME SOURCES	AMOUNT		
Family/relatives			
Personal savings			
Part-time employment			
Loans			
Scholarships/ Awards			
Family annual income	< 24,999	25,000-49,999	50,000-75,000
Family assets	< 99,000	100,000-199,999	200,000 and over

**FINANCIAL NEED:** Please complete the following questions.

a) Have you or do you intend to apply for a Student Loan?     Yes     No

b) Have you applied for any other Scholarships or Awards including Entrance Scholarships?  
 Yes     No

If yes, in what amounts?    \$\_\_\_\_\_

c) Please indicate other siblings/family members attending or soon to be attending Post-Secondary education.

\_\_\_\_\_

\_\_\_\_\_

**COMMUNITY INVOLVEMENT**

ACTIVITY & BENEFIT TO COMMUNITY	ROLE/POSITION	YEARS
1.		
2.		
3.		
4.		
5.		
6.		

**I hereby declare that all information provided with the present application form is true and accurate to the best of my knowledge. I understand that any false statement made herein may result in the rejection of my application or my disqualification.**

\_\_\_\_\_, 2018  
Applicant's signature Date

\_\_\_\_\_, 2018  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian (Print Name)

Completed Marion Dewar Scholarship Applications should be **postmarked by April 27<sup>th</sup>, 2018** and mailed to:

**Attention: Leslie Emory  
Ottawa Community Immigrant Services Organization  
959 Wellington Street West  
Ottawa, On  
K1Y 2X5**

Emailed or faxed applications will not be accepted. We thank all applicants for their interest in the Marion Dewar Scholarship Fund.

**The Marion Dewar Scholarship Fund (MDSF) Committee reserves the right to verify the accuracy of the information given herein. The name(s) and/or photo(s) of the recipient(s) for this award will be used by OCISO's MDSF Committee and may be used in other promotional material. If the applicant is less than 18 years of age, they must get a parent or guardian to co-sign their application form.**