



Canadian-Croatian Chamber of Commerce
Kanadsko-Hrvatska Gospodarska Komora

SCHOLARSHIP AND BURSARY APPLICATION

630 The East Mall, Etobicoke, Ontario, M9B 4B1
Tel: (416) 641-2829 Fax: (416) 641-2700

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Canadian-Croatian Chamber of Commerce

The Canadian-Croatian Chamber of Commerce is a not-for-profit network of Croatian-Canadian businesses and professionals that has emerged as the voice of Croatian-Canadian business in Canada. One of the programs established by the Chamber relates to scholarships and bursaries to further the education of students who are of Croatian descent.

Scholarship and Bursary Information and Requirements

The program offers the following annual awards:

1. \$1,000 Scholarship

One (1) scholarship in the amount of \$1,000 will be awarded to a student enrolled in a full time post-secondary program at a university or college in Canada. The scholarship is awarded on the basis of academic merit. All successful applicants will have previously demonstrated a capacity for high achievement. This will be established through the applicant's school transcript, a letter of reference/recommendation from the applicant's teacher or school counsellor, and a personal letter from the applicant.

2. \$1,000 Bursary

One (1) bursary in the amount of \$1,000 will be awarded to a student enrolled in a full time post-secondary program at a university or college in Canada. The bursary is awarded on the basis of financial need and previously demonstrated capacity for successful completion of a program of studies. This will be established through the applicant's school transcript, a letter of reference/recommendation from the applicant's teacher or school counsellor, and a personal letter from the applicant.

Applicants must be of Croatian descent (at least one Croatian parent or grandparent).

Scholarships and bursaries are normally provided for a term of one year or less. Applicants may re-apply for a scholarship or bursary; however, preference will be given to students in post-secondary schooling who have not previously received such an award.

Applicants will be evaluated on (1) scholastic achievement, (2) financial need (as it relates to bursaries), (3) leadership role, (4) faculty recommendation/character reference, and (5) extracurricular activities and volunteer/charitable efforts.

Application Procedure

Applicants must complete and include the following:

1. A copy of the "Scholarship and Bursary Application - Applicant Information" (see attached) completed and signed by the applicant.
2. A copy of the "Scholarship and Bursary Application - Family Information" and "- Financial Information" (if applicable) completed and signed by the applicant's parents or guardians.
3. Evidence of enrolment and acceptance of the applicant in a full time post-secondary program at a university or college in Canada.
4. A complete transcript of the applicant's latest scholastic record. Absence of the required record will disqualify the application.
5. A letter of reference/recommendation from a teacher or counsellor, which attests to the applicant's grades, scholastic achievement, extracurricular activities, and volunteer and charitable efforts.
6. A personal letter of approximately 250 words explaining the applicant's Croatian origin, why the applicant's Croatian origin is important to him/her, and describing the applicant's plans for the future.

*The student's completed application package must be mailed to the Canadian-Croatian Chamber of Commerce at the address below, marked to the attention of the Scholarship and Bursary Committee, by **January 31, 2012** to be considered for the 2011/2012 school year. Applications become the property of the Canadian-Croatian Chamber of Commerce. All information submitted remains strictly confidential. **Scholarship and bursary winners will be notified by February 28, 2012.***

**Canadian-Croatian Chamber of Commerce
630 The East Mall
Etobicoke, Ontario, M9B 4B1**

Together, we make success!



Canadian-Croatian Chamber of Commerce
Kanadsko-Hrvatska Gospodarska Komora

SCHOLARSHIP AND BURSARY APPLICATION

Applicant Information

(TO BE COMPLETED BY APPLICANT)

I am applying for (*check one*) \$1,000 Scholarship \$1,000 Bursary

Name of Applicant: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

Name of University/College: _____

City: _____ Province: _____

Major Course of Study: _____ Minor: _____

Other Relevant Studies:

Extracurricular/Volunteer/Charitable Activities, Affiliations, Experiences and Achievements relevant to this Application:

Are you presently employed? Yes _____ No _____

If "Yes", Name, Address and Contact Details of Employer: _____

If "Yes", how many hours per week? _____.

Job responsibilities: _____

CONSENT OF APPLICANT

PURPOSE OF COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Your personal information is being collected on behalf of the Canadian-Croatian Chamber of Commerce (the "Chamber") for the limited purposes of processing and evaluating scholarship and bursary applications, selecting and processing scholarship and bursary recipients and administering scholarship and bursary payments once awarded. Your personal information will be collected from you and may also be collected from references, secondary and post-secondary educational institutions, government, community or other sources based on the information provided by you in this application. This process will include the release of your personal information to the Chamber and the members of the Scholarship and Bursary Committee of the Chamber as well as any other third parties where such release is necessary for scholarship and bursary evaluation, selection and administration purposes. There will be no other uses or disclosures of your personal information by the Chamber unless required or authorized by law. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of your scholarship or bursary application.

PROMOTION PURPOSES FOR RECIPIENTS

The Chamber may from time to time wish to announce scholarship or bursary winners, their current educational institution, the university or college where they intend to study and the course of study funded by the scholarship, as well as the amount of the scholarship, or to use or disclose recipient information for promotional purposes.

RETENTION OF PERSONAL INFORMATION

The Chamber will securely retain personal information about applicants only for the time necessary to complete the assessment and evaluation, to select a recipient, to administer the scholarship or bursary payments, and for a reasonable period thereafter. At the end of this period, the Chamber will destroy, erase or render anonymous, any of your personal information in their possession. The Chamber will retain a permanent listing of the names of the recipients of the scholarship or bursary program in any given year.

I hereby certify that all information provided in this application form and in the attached documents is true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship or bursary issued to me may be revoked without notice if any information in this application is subsequently found to be false.

By completing, signing and submitting this application, I hereby consent to the collection, use and disclosure of my personal information for the above stated purposes.

Applicant's Signature: _____

Date: _____

Applicant's Name: _____



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SCHOLARSHIP AND BURSARY APPLICATION

Family Information

(TO BE COMPLETED BY APPLICANT'S PARENTS OR GUARDIANS)

Father's Name: _____ Occupation: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Tel. No.: _____

Mother's Name: _____ Occupation: _____

Address: _____ (Same as Father's Address Above)

City: _____

Province: _____

Postal Code: _____

Tel. No.: _____

Are you a student member of the Canadian-Croatian Chamber of Commerce? Yes _____ No _____

If "No", please complete and submit the attached application for student membership to the Canadian-Croatian Chamber of Commerce

Note: Student membership is free of charge.

Financial Information*

**(TO BE COMPLETED BY APPLICANT'S PARENTS OR GUARDIANS ONLY IF
APPLICANT APPLYING FOR A BURSARY)**

Name of Applicant: _____

Do you contribute to the cost of the Applicant's education? Yes _____ No _____

If "Yes", how much financial support will you be providing during the school year?
\$ _____

Ages of your other dependent children and the schools they attend:

Does the applicant have financial support/assistance from sources other than your income and his or her employment? Yes _____ No _____

If "Yes", what additional source (s) and amount(s):

Total gross family income: (Please be sure to check one.)

A. ___ Under \$50,000 B. ___ \$50,001 - \$75,000 C. ___ \$75,001 - \$100,000 D. ___ over \$100,000

NOTE:

**This information will be held in the strictest of confidence and is only required for an Applicant submitting his/her application for a bursary. Proof of income may be required.*

CONSENT OF APPLICANT'S PARENTS OR GUARDIANS

I hereby certify that all information provided herein is true and accurate to the best of my knowledge.

By completing, signing and submitting each of the "Scholarship and Bursary Application - Family Information" and "- Financial Information" forms (as applicable), I hereby consent to the collection, use and disclosure of my personal information for the limited purposes of processing and evaluating the Applicant's bursary application and selecting and processing bursary recipients. This process will include the release of your personal information to the Canadian-Croatian Chamber of Commerce (the "Chamber") and the members of the Scholarship and Bursary Committee of the Chamber as well as any other third parties where such release is necessary for bursary evaluation, selection and administration purposes. There will be no other uses or disclosures of your personal information by the Chamber unless required or authorized by law. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of the Applicant's bursary application.

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian: _____



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LETTER OF REFERENCE / RECOMMENDATION

GUIDELINES

You have been asked to write a letter of reference/recommendation on behalf of a student applying to the Canadian-Croatian Chamber of Commerce for a scholarship or bursary (the "Applicant").

Please state:

- the length of time and the capacity in which you know the Applicant;
- the potential the Applicant has to excel in post-secondary studies;
- the role of the Applicant, his/her activities and his/her accomplishments and how his/her extracurricular activities and/or volunteer or charitable efforts have impacted your school, an organization or the community in general; and
- if the Applicant demonstrated exceptional leadership, extraordinary effort and ability to overcome adversity.

Please note that the person providing the reference/recommendation cannot be related to the Applicant.

The letter should be provided directly to the Applicant so that it may be included with his/her application package. Please ensure that the letter is typewritten on letterhead, signed and includes your contact information.

MEMBERSHIP APPLICATION & ANNUAL MEMBERSHIP FEE SCHEDULE



Canadian-Croatian Chamber of Commerce
Kanadsko-hrvatska gospodarska komora

CONTACT INFO	Member Name		Company Name	
	Address		Title	
			Telephone	
	City		Mobile	
	Province	Postal Code	Fax	
	E-mail Address		Website	

Please choose one of the following categories of membership:

- | | | | | | |
|---|-------|---|-------|--|-----|
| <input type="checkbox"/> Large Business | \$500 | <input type="checkbox"/> Professional | \$200 | <input type="checkbox"/> Non-profit Organization | \$0 |
| <input type="checkbox"/> Small Business | \$250 | <input type="checkbox"/> Individual/Sole Proprietor | \$100 | <input type="checkbox"/> Student | \$0 |

PAYMENT	To pay by credit card please complete the following:		
	Name of Card Holder		
	Credit Card Number	Expiry Date	Security Code (on back of card)
	To pay by cheque, please make cheque payable to the Canadian-Croatian Chamber of Commerce.		

USE OF CONFIDENTIAL INFORMATION

Any personal information provided on this form will be used by the Canadian-Croatian Chamber of Commerce (the "Chamber") as set out in our Privacy Policy. Please consult our Privacy Policy, available online at www.croat.ca.

UNDERTAKING OF MEMBER

As a Member of the Chamber, the undersigned recognizes that membership is a privilege. Further, membership brings with it the responsibility to assure that all Members also understand and commit to the following membership undertaking. Accordingly, the undersigned shall commit to: (a) conduct all business and professional activities in a reputable manner, to reflect honourably upon the business community; (b) respect the good reputation, profile and status of the Chamber, and represent the Chamber accordingly; (c) understand, support, and promote the objectives of the Chamber (receipt of a copy of the current Membership Benefits pertaining thereto is hereby acknowledged); and (d) whenever reasonably possible, participate in the functions and activities of the Chamber, plus, in the promotion and enhancement of growth and related activities within the Croatian community in Canada.

The undersigned also understands that the failure to adhere to the professional and personal obligations outlined above, and as further defined in the Chamber's By-Laws, can result in the termination of membership by the Chamber's Board of Directors (the "Board").

On the execution of this undertaking, please consider this to be an application by the undersigned for membership in the Chamber.

If the Board accepts this application, then the undersigned agrees to pay in advance the fees for membership, which are non-refundable, as may be prescribed by the Board from time to time.

Membership will remain in force until revoked in writing.

All Members are fully responsible and accountable for all actions of, and all charges incurred by, their designated Chamber representatives.

Dated as of the _____ day of _____, 20_____.

_____ Authorized Signature

Return Membership Application and Fee Schedule, with payment to:

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630 The East Mall, Etobicoke, Ontario, Canada M9B 4B1