



THE BARBADOS CANADA FOUNDATION

"We help our youth create their future, and strive to improve the lives of others in need."

THE JOHN ROLLOCK MEMORIAL SCHOLARSHIPS APPLICATION FORM

Part 1 – Personal Information

Please print. DO NOT use abbreviations			
Surname		First Name	Initial or Middle Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (Year/Month/Day)	Country of Birth	
I am a Citizen of Barbados by: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization	My <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> is <input type="checkbox"/> was a citizen of Barbados by <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization		
I am a Canadian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	I am a Canadian Permanent Resident (Landed Immigrant) Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Insurance Number:	
Permanent Address			
Street	Province/Territory	City/Town	Postal Code
Home Telephone Number ()	Cell/Other Telephone Number ()	E-mail Address	
Name of educational institution from which you most recently graduated or are currently attending (secondary school, college, university, other)		Status of Study Have you graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address of educational institution named above - Street	City/Town	Province/Territory	Postal Code
College/University Student Number	I am currently attending the college/university named above Yes <input type="checkbox"/> No <input type="checkbox"/>	Year of graduation (if applicable)	
Name of college or university in which you plan to enroll in the Fall			
Program of Study			
Career Goals			
References (The two individuals listed must each provide a letter of reference)			
1. Name	Telephone Number ()		
(This individual must be a teacher at the institution at which you are currently enrolled or from which you recently graduated)			
2. Name	Telephone Number ()		
(This individual must be able to describe your community service/volunteer activities)			
Our Commitment To Your Privacy: The Barbados Canada Foundation is committed to protecting the privacy of information you share with us. The information you provide in this form will be used solely to process your application for a scholarship and will remain strictly confidential.			



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Part 2 - Financial Information

Expenses	\$ (Nearest \$100)	Sources of Funding	\$ (Nearest \$100)
Tuition Fees		Scholarships and/or Bursaries	
Residence or Rental Accommodation Costs		Personal Savings	
Living Expenses		Parents/Family Contribution	
Text Books		Student Loans	
Stationery/Academic Supplies		Other (State)	
Travel			
Expenses Total: \$		Income Total: \$	
Wherever possible provide copies of receipts/invoices bearing your name or that of your guardian(s)/parent(s).			
Father's Occupation:		Mother's Occupation:	
Father's Employer:		Mother's Employer:	
In the space below, please check the range for your family's gross income as reported in last year's tax return and provide the additional information requested. This information will assist us in determining your financial need and <u>must be provided</u>.			
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$50,000 – Under \$75,000	<input type="checkbox"/> \$75,000 – Under \$100,000	
<input type="checkbox"/> \$100,000 +	Total number of family members living at home:	Total number of dependents in your family including you:	
No. of Children: _____	Ages of children:	No. of children attending college/university:	
I certify that I am of Barbadian heritage and that the information given above is accurate and complete, and understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the Board of Directors of The Barbados Canada Foundation or its agents, that a scholarship will only be granted to me if I am enrolled as planned in an accredited Canadian university or college in the fall in the year of my application; and that such funds will be disbursed to the Scholarships and Awards Office of my university or college. I consent to the use of my name, biography and photograph by The Barbados Canada Foundation or its agents or sponsors, in promotional material or other information released to the public relating to The John Rollock Memorial Scholarships if I am granted a scholarship.			
Signature of Applicant		Date	

For enquiries contact us by e-mail at barcanfdn@sympatico.ca. Visit our website at www.barbadoscanaadafoundation.com.

Mail or deliver completed applications to:
The Barbados Canada Foundation
105 Adelaide Street West, Suite 1010
Toronto, Ontario M5H 1P9
Attention: John Rollock Memorial Scholarships Selection Committee

Please do not submit applications by e-mail.