



**THE BURLINGTON CARIBBEAN CONNECTION
SCHOLARSHIP FUND APPLICATION FORM**

Completed application and supporting documents must be received
By the 2nd week of August
via mail or fax to:
The Burlington Caribbean Connection
1450 Headon Road P.O.Box 93096
Burlington ON L7M 4A3
Fax: 905 332 6487

INFORMATION ABOUT APPLICANT (*Please print*):

Surname _____

Given Names _____

CURRENT ADDRESS:

Address _____

City _____

Province _____

Postal Code _____

Email address (optional) _____

Cell Phone # _____

Home Phone # _____

HIGH SCHOOL attended:

High School Name _____

Address _____

City _____

Province _____

Postal Code _____

(Check appropriate box) CANADIAN CITIZEN LANDED IMMIGRANT

	SUBJECTS OF MOST INTEREST	GRADE LEVEL COMPLETED	MARK OBTAINED
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

NAME OF UNIVERSITY/COLLEGE to be attending _____

AREA OF STUDY OR MAJOR _____

SUPPORTING DOCUMENTS (*Please submit with application*)

		YES	NO
1	An Official Transcript From Last School	_____	_____
1a	If no, to be forwarded by the school?	_____	_____
2	Letter Of Acceptance from University <input type="checkbox"/> College <input type="checkbox"/>	_____	_____
2a	If no please explain _____	_____	_____
3	Letter Of Recommendation (<i>See Scholarship Guidelines</i>)	_____	_____
4	Personal Statement (<i>See Scholarship Guidelines</i>)	_____	_____

SIGNATURE OF APPLICANT _____

DATE _____