

**GIOVANNI CABOTO CLUB
SCHOLARSHIP PROGRAM
APPLICATION FORM**

INSTRUCTIONS

1. The completed form shall be forwarded to the Chairman of the Scholarship Committee, G. Caboto Club, 2175 Parent Ave., Windsor, Ontario N8X 4K2, postmarked no later than July 31st.
2. **ONLY SONS AND DAUGHTERS** of Giovanni Caboto Club **MEMBERS** in Good standing is eligible.
3. **ONLY OFFICIAL TRANSCRIPTS** from the school will be accepted (**NO PHOTOCOPIES OR FACSIMILES**). **NO OTHER COPY WILL BE CONSIDERED. TRANSCRIPTS MUST ACCOMPANY THIS APPLICATION.**
4. Only applications with required Grade 12 Credits (minimum 6) as Mandated by the Ministry of Education for acceptance to Post Secondary Education will be considered.

NOTE: Any deviation from the above four (4) requirements will result in automatic Disqualification.

QUESTIONNAIRE

1. Applicant's Name.....
(Surname) (Given Name)
2. Home Address
.....
3. Home Phone Number
4. Father's Name and Address
Name
Address
Member in Good Standing Deceased

5. Schools attended, in order, with dates:

1.
2.
3.
4.

6. What University or Community College do you propose to attend?

.....

7. What Degree or Diploma is sought?

8. What career do you wish to pursue?

9. What activities (Social, Athletic, etc.) have you participated in? (Please enclose References if possible)

.....

.....

10. Give names and addresses of three persons willing to act as character references for you: (Letters of Reference)

1.

2.

3.

Dated at: on

Signature of Applicant: _____

FOR OFFICE USE ONLY:

Date application was received: _____
