



Best Buddies Scholarship Application Form

James Raymond Cowling Foundation Scholarship

Please complete this application and return it, along with supporting documents by email to info@bestbuddies.ca, or by fax to 416-531-0325, before **May 30, 2021**.

Contact Information:

Name of Applicant: _____
Home Phone: _____ Cell Phone: _____
City: _____ Province: _____ Postal Code: _____
Address during school year: _____
Email Address: _____
Date of Birth: _____

Information on your Best Buddies Involvement:

Current School (Chapter): _____
Grade/Year Level: _____
School Attending in September: _____
When did you begin volunteering for Best Buddies?: _____
How long have you been involved in your chapter?: _____
Number of volunteer hours with Best Buddies: _____

Please select the scholarship for which you are applying (please check one):

- \$750 - Peer Buddy involved in a high school or post-secondary chapter
- \$750 – Buddy going to post-secondary OR advancing their skills and experience

Your Best Buddies Experience:

What have you done to strengthen the Best Buddies chapter at your school and what contributions have you made to the Best Buddies program in your community? (250-500 words)

Document Checklist:

Please scan and include the following documents with your application:

- One letter of reference, which should give more information about your contribution to Best Buddies
- Personal essay outlining your personal experiences and involvement with Best Buddies Canada (250-500 words)
- This completed scholarship application form

Signature

Date

In submitting this application, I affirm the information provided is accurate and complete. I understand and agree that Best Buddies may use my name, my image and information in media releases relegated to the scholarship, or any other Best Buddies related public awareness or marketing purposes, including but not limited to: press releases, stories on the Best Buddies website, promotional brochures, etc. Best Buddies will not sell or provide for commercial reasons any personal contact information to outside organizations. In submitting this document electronically, I agree this will act in place of a signature.