



Canadian Italian Business
& Professional Association

**Education
Awards
Program**

**The Canadian Italian
Business & Professional
Association of Niagara**

EDUCATION AWARD APPLICATION

The CIBPA Niagara Education Awards Program is open to full time college and/or university students at the undergraduate, graduate or post-graduate studies levels who are Canadian Citizens or Landed Immigrants permanently residing in the Niagara Region and are of Italian origin. It also provides assistance for students who are not of Italian heritage, if they are pursuing curriculum majors in Italian studies. **Only those who have not previously received this award may apply.**

To be considered by the CIBPA Awards Committee, a candidate must:

1. Have received the Ontario Secondary School Diploma (OSSD).
2. Answer each of the following questions on the application form and submit the completed form, along with the required and supporting documentation in Item 3 below, on or prior to June 30, 2011.
3. Enclose the following support documentation with the completed Application Form.
 - (a) A copy of official transcript of marks as of June 30, 2011. If the student is currently completing their OSSD diploma, final transcripts may be delayed until July 8th, 2011.
 - (b) Proof of admission that the student has been officially accepted for full-time studies at a recognized college or university for the school year for which this application is being made.
 - (c) A wallet-sized photo (possibly a graduation photo).
 - (d) With the application, on a separate sheet, provide a short profile outlining your past achievements, community involvement, municipal, provincial and federal awards of merit or recognition, your short and long-term goals and identify your **Italian heritage**.
4. Provided, if requested by the CIBPA Education Awards Committee, verification of information included in the financial section of the Application Form (i.e. net annual income for the last income tax year).

The student receiving the award or a parent MUST be present at the CIBPA Education Award Dinner on Thursday, August 11, 2011. If the student or parent does not attend, the student will automatically forfeit the award.

The selection process is based on the following criteria:

1. A high grade average in the last year of studies as indicated by the transcript.
2. Description of how financial assistance via a CIBPA Niagara Education Award would be of direct benefit.
3. Description of community involvement, volunteer work and/or employment history.

NB: Each application is judged on its own merits. While grade points are very important, Education Awards are not necessarily given to the student with the higher average.

ALL INFORMATION PROVIDED WILL BE TREATED AS STRICTLY CONFIDENTIAL

This Education Award Application is also available online. To obtain a copy, please visit our website at:
www.cibpaniagara.com

Please address applications, supporting documents and any correspondence to the:

Education Award Committee
CIBPA Niagara
5627 Main Street
Niagara Falls, ON L2G 5Z3

FOR MORE INFORMATION, PLEASE CONTACT THE CIBPA NIAGARA OFFICE AT 905-371-1869

FULL-TIME COLLEGE & UNIVERSITY STUDENTS
(print legibly)

APPLICANT'S NAME		MALE <input type="checkbox"/>																			
FAMILY NAME AT BIRTH		FIRST AND MIDDLE NAMES																			
FEMALE <input type="checkbox"/>																					
DATE OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR / MONTH / DAY	STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER _____	EMAIL ADDRESS: _____ _____	LANGUAGES <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">SPOKEN</td> <td style="text-align: center;">WRITTEN</td> </tr> <tr> <td>ENGLISH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>FRENCH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ITALIAN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OTHER</td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> </table>		SPOKEN	WRITTEN	ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	(SPECIFY)		_____		
	SPOKEN	WRITTEN																			
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>																			
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>																			
ITALIAN	<input type="checkbox"/>	<input type="checkbox"/>																			
OTHER	(SPECIFY)																				

APPLICANT'S PERMANENT ADDRESS																					
NUMBER	STREET	APARTMENT	TELEPHONE-RESIDENCE																		
CITY OR TOWN	PROVINCE	POSTAL CODE	TELEPHONE-OTHER																		
AWARDS																					
A) Have you ever received a CIBPA Education Award?		YES NO YEAR(S) _____																			
B) Have you ever received other financial aid?		YES NO YEAR(S) _____																			
Scholarship _____	Amount _____																				
Bursary _____	Amount _____																				
PREVIOUS ACADEMIC ACHIEVEMENTS																					
Diploma or Certificate	Specialization	Institution	Years From To																		
High school	_____																				
Bachelor	_____																				
Masters	_____																				
Postgraduate	_____																				
Other	_____																				
CURRENT YEAR STUDIES (ENDING IN JUNE)																					
Name of Institution		Faculty																			
Specialization		_____																			
Year in which you began the program _____		Projected date of completion: (Month) _____ (Year) _____																			
PROGRAM OF STUDIES (THIS FALL AND WINTER):																					
Name of Institution: _____																					
Faculty: _____																					
Specialization: _____																					
COMMUNITY INVOLVEMENT (attach a separate sheet)																					
Please provide a detailed description of your volunteer work and/or other activities in which you are involved.																					

EMPLOYMENT HISTORY

Name of Employer	Position	From	Period To	Part-time/Full-time/Summer

Are you employed while pursuing studies?

Employer	Position	Part-time/Full-time/Summer
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APPLICANT'S INCOME SUMMARY

Total Earnings from employment (past Jan. 1- Dec. 31)	\$ _____
Other Income (Specify)	\$ _____
Bursaries and/or Scholarships received or to be received	\$ _____
Total	\$ _____
Estimated earnings of the current year (Jan. 1 - Dec. 31)	\$ _____

INFORMATION PERTAINING TO PARENTS / GUARDIANS OR SPOUSE

Spouse's name _____ Family name _____ Occupation _____

Father's /Guardian's name _____ Address (if different from applicant's) _____ Occupation _____

Mother's/Guardian's name _____ Address (if different from applicant's) _____ Occupation _____

STATUS OF PARENTS/GUARDIANS

Married

Separated

Divorced

Mother Deceased

Father Deceased

Circle the most applicable condition:

1. I am single and live at home with my parent(s) / guardian(s).
2. I am single and live independently from my parent(s) / guardian(s).
3. I am married and live at home with my parent(s) / guardian(s).
4. I am married and live independently with my spouse.

Based on the answer circled above, indicate the total cumulative Net Annual Income as indicated on line 236 of last years Income Tax Return.

{i.e. applicant + parent(s), or applicant + spouse, or applicant independent of spouse or parent(s)}

Under \$30,000

\$30,000 - \$40,000

\$40,000 - \$60,000

\$60,000 - \$80,000

\$80,000 - \$100,000

Over \$100,000

WHY DO YOU NEED FINANCIAL ASSISTANCE TO CONTINUE YOUR STUDIES?
(Please attach a separate sheet)

DECLARATION

I, the undersigned, do hereby declare that the information contained herein and the accompanying documentation is true, accurate and complete, and that the supporting documents originate from the appropriate authorities. If awarded a CIBPA Education Award, I give my informed consent to the publication of being a recipient of such award in any future advertisement by way of newspaper publication, newsletter, poster, website, etc.

Date _____

Signature _____



Canadian Italian Business
& Professional Association

Education Awards Program

**The Canadian Italian
Business & Professional
Association of Niagara**

INVESTING IN CANADA'S YOUTH - SECURING CANADA'S FUTURE

GOALS

Supporting the academic achievements of young Canadians of Italian heritage is the main purpose of the CIBPA Education Award Program. It also provides assistance for students who are not of Italian heritage, if they are pursuing curriculum majors in Italian studies.

MANAGEMENT & SELECTION

The Education Award Program is managed by the Education Awards Committee of CIBPA Niagara. Applicants for the Education Awards will be evaluated on the basis of academic merit, financial need and community involvement. It is recommended that the applicant submit a letter outlining qualifications, financial need and community involvement/employment history. **Education Awards are not necessarily given to the applicant with the higher point average.**

Education Awards are given out yearly. They are presented in person at a public venue to award recipients by a representative of CIBPA Niagara.

CONTINUING THE TRADITION

In 2002, CIBPA Niagara launched The Education Award Program in order to help post-secondary students from the Niagara Region continue their education. Over the past nine years, 106 students have received a total of \$118,000 in Education Awards from CIBPA Niagara.

BECOMING A DONOR

As a means of assisting worthy and needy students to attain their educational goals, private individuals and organizations or corporations can make financial contributions to the CIBPA Education Award Program. The following two options are available for this purpose: Individuals can make a \$1,000 contribution to the Program's General Endowment Fund, or they can establish a Named Fund under their name within the Program.

Donors at any level may also designate which field of study they wish their donation to go to. For example: Business Administration, Engineering, Medicine, etc.

FOR MORE INFORMATION please contact the CIBPA Niagara Office at 905-371-1869.