



## Brampton Canadettes Scholarship Program Application Form

Please print clearly

### Personal Information:

Name		Birth Date	
Address		City	
Postal Code		Phone	
Email			
How did you hear about the program			

### Hockey Background

Seasons registered with the Canadettes			
Please list the most recent teams and levels played within the Brampton Canadettes Association	1.		
	2.		
	3.		

### Education Information

School			
Address			
City		Postal Code	
Contact Person		Position	
Phone Number			
I currently have clear academic status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Secondary Institutions applied to	1.	2.	
	3.	4.	
	5.	6.	
Area of Study			

*I hereby apply for the Canadettes scholarship fund and declare that all the information provided is complete and true and have answered all questions on this form. I have included all required documents and grant permission to proceed with my application. I understand that I am only eligible for the grant in my graduating year.*

Applicant Signature		Date	
Parent/Guardian Signature		Date	

Completed applications are to be forwarded to: [treasurer@bramptoncanadettes.com](mailto:treasurer@bramptoncanadettes.com)

**Application Deadline March 10<sup>th</sup>, 2024**

The information on this form will be used for the sole purpose of administering the Canadettes Scholarship Program and the Applicant understands the winners' names will be published on the Canadettes web page and in information periodicals.