**EAKW Fall 2025 Scholarship Award Application**

Please take a moment to complete this 2-page scholarship application form with your general information. Submit the completed form along with your essay and proof of post-secondary enrollment or registration via email to ed@eakw.ca. **Applications open on August 1, 2025, and close at 11:59 PM on September 5, 2025.**

\* Indicates required information

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| PERSONAL INFORMATION |
| First Name: \* |  | Last Name: \* |  |
| Middle Name: |  | Date of Birth: \* |  |
| Home Address: \* |  | City: \* |  |
| Phone Number: \* |  | Email Address\* |  |
| Please describe your connection to Ethiopian heritage. This can include your own heritage, the heritage of your parents or grandparents, or any other relevant details that demonstrate your Ethiopian cultural identity: \* |  |
| Please describe your connection to the Ethiopian Association KW and your volunteer service to both the Ethiopian Association KW and the Waterloo Region communities: \* |  |
| Status in Canada \* | [ ]  Permanent Resident[ ]  Citizen |
| How long have you been a resident of the Waterloo Region? \*  | [ ]  3-10 years[ ]  1-3 years[ ]  10+ years |
| EDUCATION |
| Name of High School Attended: \* |  |
| Year of High School Graduation: \* |  | High school Cumulative GPA: \* |  |
| Is this your first time ever applying for a post-secondary education opportunity? \* | [ ]  No [ ]  Yes |
| Name of Post-Secondary Institution Attending Fall 2025: \* |  |
| Name of Chosen Program for Fall 2025: \* |  |
| Provide two references with contact information related to your experience serving your community: \* |
| Reference Name & Contact Information 1:   |
| Reference Name & Contact Information 2:  |
| I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous may be ground for dismissal. ----------------------------------------- ----------------------------------------------- Signature Date |