

**CROATIAN-CANADIAN  
SCHOLARSHIP FUND**

**SCHOLARSHIP AND BURSARY  
APPLICATION**

c/o Canadian-Croatian Chamber of Commerce  
630 The East Mall, Etobicoke, Ontario, M9B 4B1  
Tel: (416) 641-2829 Fax: (416) 641-2700

Website: [www.croat.ca](http://www.croat.ca)

E-mail: [contactus@croat.ca](mailto:contactus@croat.ca)

## Scholarship and Bursary Information and Requirements

The Croatian-Canadian Scholarship Fund is a joint program developed and administered by the Croatian-Canadian Library and the Canadian-Croatian Chamber of Commerce.

The program offers the following annual awards:

### 1. \$2,000 Scholarship

One (1) scholarship in the amount of \$2,000 will be awarded to a student enrolled (officially registered as a student and currently attending classes) in a full-time post-secondary program at a university or college in Canada. The scholarship is awarded on the basis of academic merit and previously demonstrated capacity for successful completion of a program of studies as well as a capacity for high achievement. This will be established through the applicant's school transcript, a letter of reference/recommendation from the applicant's teacher or school counselor, and a personal letter from the applicant.

### 2. \$1,500 Bursary

Two (2) bursaries in the amount of \$1,500 will be awarded to a student enrolled (officially registered as a student and currently attending classes) in a full-time post-secondary program at a university or college in Canada. The bursary is awarded on the basis of academic merit, financial need, and previously demonstrated capacity for successful completion of a program of studies as well as a capacity for high achievement. This will be established through the applicant's school transcript, a letter of reference/recommendation from the applicant's teacher or school counselor, and a personal letter from the applicant.

Scholarships and bursaries are normally provided for a term of one year or less. Applicants may re-apply for a scholarship or bursary; however, preference will be given to students in post-secondary schooling who have not previously received such an award.

Applicants will be evaluated on (1) scholastic achievement, (2) financial need (as it relates to bursaries), (3) leadership role, (4) faculty recommendation/character reference, and (5) positive contributions to their community based on their extracurricular activities and/or volunteer/charitable efforts.

### About the Croatian-Canadian Library

Founded in 2000, the Croatian-Canadian Library is a registered charitable organization, which houses the largest collection of Croatian books open to the public in Canada and is involved in furthering education. For additional information about the Library, visit [www.croatiancanadianlibrary.com](http://www.croatiancanadianlibrary.com).

### About the Canadian-Croatian Chamber of Commerce

Founded in 1995, the Canadian-Croatian Chamber of Commerce is a not-for-profit network of businesses, professionals, organizations, and individuals that has emerged as the voice of Croatian-Canadian business in Canada. For additional information about the Chamber, visit [www.croat.ca](http://www.croat.ca).

## Application Procedure

Applicants must complete and include the following:

1. A copy of the “Scholarship and Bursary Application – Applicant Information” (see attached) completed and signed by the applicant.
2. A copy of the “Scholarship and Bursary Application – Family Information” and “- Financial Information” (if applicable) completed and signed by the applicant’s parents or guardians.
3. Evidence of enrolment and acceptance of the applicant in a full-time post-secondary program at a university or college in Canada.
4. A complete transcript of the applicant’s latest scholastic record. Absence of the required record will disqualify the application.
5. A letter of reference/recommendation from a teacher or school counselor, which attests to the applicant's grades, scholastic achievement, extracurricular activities, and volunteer/ charitable efforts.
6. A personal letter of approximately 250-500 words explaining: (a) why you think you deserve a scholarship or bursary (as applicable); (b) how such an award will help in your education; (c) your educational and career goals; (d) any accomplishments, including any honors or awards; (e) your personal background, including any highlights, special situations in your life or other information that you want the Scholarship and Bursary Committee to take into consideration; and (f) any barriers to your obtaining your educational goals and how you plan to overcome them (i.e. socio-economic or educational disadvantages).

The student’s completed application package must be mailed to:

CROATIAN-CANADIAN SCHOLARSHIP FUND  
c/o Canadian-Croatian Chamber of Commerce  
630 The East Mall, Etobicoke, Ontario, M9B 4B1

by **February 5, 2024** to be considered for the 2023/2024 school year.

Applications become the property of the Croatian-Canadian Library and the Canadian-Croatian Chamber of Commerce. All information submitted remains strictly confidential.

***Scholarship and bursary recipients will be notified by March 11, 2024.***

**SCHOLARSHIP AND BURSARY APPLICATION Applicant**

**Information**

**(TO BE COMPLETED BY APPLICANT)**

I am applying for (*check one*)     \$2,000 Scholarship     \$1,500 Bursary

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of University/College: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

Minor: \_\_\_\_\_

Other Relevant Studies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular/Volunteer/Charitable Activities, Affiliations, Experiences and Achievements relevant to this Application:

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Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Name, Address and Contact Details of Employer: \_\_\_\_\_

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If "Yes", how many hours per week? \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

### CONSENT OF APPLICANT

#### PURPOSE OF COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Your personal information is being collected on behalf of the Croatian-Canadian Library (the "Library") and the Canadian-Croatian Chamber of Commerce (the "Chamber") for the limited purposes of processing and evaluating scholarship and bursary applications, selecting and processing scholarship and bursary recipients and administering scholarship and bursary payments once awarded. Your personal information will be collected from you and may also be collected from references, secondary and post-secondary educational institutions, government, community or other sources based on the information provided by you in this application. This process will include the release of your personal information to the Library and/or the Chamber and the members of the Scholarship and Bursary Committee as well as any other third parties where such release is necessary for scholarship and bursary evaluation, selection and administration purposes. There will be no other uses or disclosures of your personal information by the Library and/or the Chamber unless required or authorized by law. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of your scholarship or bursary application.

**PROMOTION PURPOSES FOR RECIPIENTS**

The Library and/or the Chamber may from time to time wish to announce scholarship or bursary winners, their current educational institution, the university or college where they intend to study and the course of study funded by the scholarship, as well as the amount of the scholarship, or to use or disclose recipient information for promotional purposes.

**RETENTION OF PERSONAL INFORMATION**

The Library and/or the Chamber will securely retain personal information about applicants only for the time necessary to complete the assessment and evaluation, to select a recipient, to administer the scholarship or bursary payments, and for a reasonable period thereafter. At the end of this period, the Library and/or the Chamber will destroy, erase or render anonymous, any of your personal information in their possession. The Library and/or the Chamber will retain a permanent listing of the names of the recipients of the scholarship or bursary program in any given year.

*I hereby certify that all information provided in this application form and in the attached documents is true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship or bursary issued to me may be revoked without notice if any information in this application is subsequently found to be false.*

*By completing, signing and submitting this application, I hereby consent to the collection, use and disclosure of my personal information for the above stated purposes.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**SCHOLARSHIP AND BURSARY APPLICATION Family**

**Information**

**(TO BE COMPLETED BY APPLICANT'S PARENTS OR GUARDIANS)**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  (Same as Father's Address Above)

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Are you a student member of the Canadian-Croatian Chamber of Commerce? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", please complete and submit the attached application for student membership to the Canadian- Croatian Chamber of Commerce

**Note: Student membership is free of charge.**

**Financial Information\***

**(TO BE COMPLETED BY APPLICANT'S PARENTS OR GUARDIANS ONLY IF APPLICANT IS APPLYING FOR A BURSARY)**

Name of Applicant: \_\_\_\_\_

Do you contribute to the cost of the Applicant's education?      Yes \_\_\_\_\_      No \_\_\_\_\_

If "Yes", how much financial support will you be providing during the school year?  
\$ \_\_\_\_\_

Ages of your other dependent children and the schools they attend:  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have financial support/assistance from sources other than your income and his or her employment?    Yes \_\_\_\_\_    No \_\_\_\_\_

If "Yes", what additional source (s) and amount(s):  
\_\_\_\_\_  
\_\_\_\_\_

**Total gross family income: (Please be sure to check one.)**

- A. \_\_\_ Under \$50,000      B. \_\_\_ \$50,001 - \$75,000      C. \_\_\_ \$75,001 - \$100,000      D. \_\_\_ over \$100,000

**NOTE:**

***\*This information will be held in the strictest of confidence and is only required for an Applicant submitting his/her application for a bursary. Proof of income may be required.***



**CONSENT OF APPLICANT’S PARENTS OR GUARDIANS**

*I hereby certify that all information provided herein is true and accurate to the best of my knowledge.*

*By completing, signing and submitting each of the “Scholarship and Bursary Application – Family Information” and “– Financial Information” forms (as applicable), I hereby consent to the collection, use and disclosure of my personal information for the limited purposes of processing and evaluating the Applicant’s bursary application and selecting and processing bursary recipients. This process will include the release of your personal information to the Croatian-Canadian Library (the “Library”) and the Canadian-Croatian Chamber of Commerce (the “Chamber”) and the members of the Scholarship and Bursary Committee as well as any other third parties where such release is necessary for bursary evaluation, selection and administration purposes. There will be no other uses or disclosures of your personal information by the Library and/or the Chamber unless required or authorized by law. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of the Applicant’s bursary application.*

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

## LETTER OF REFERENCE / RECOMMENDATION

### GUIDELINES

You have been asked to write a letter of reference/recommendation on behalf of a student applying to the CROATIAN-CANADIAN SCHOLARSHIP FUND for a scholarship or bursary (the "Applicant").

Please state:

- ☐ the length of time and the capacity in which you know the Applicant;
- ☐ the potential the Applicant has to excel in post-secondary studies;
- ☐ the role of the Applicant, his/her activities and his/her accomplishments and how his/her extracurricular activities and/or volunteer or charitable efforts have impacted your school, an organization or the community in general; and
- ☐ if the Applicant demonstrated exceptional leadership, extraordinary effort and ability to overcome adversity.

Please note that the person providing the reference/recommendation cannot be related to the Applicant.

The letter should be provided directly to the Applicant so that it may be included with his/her application package. Please ensure that the letter is typewritten on letterhead, signed and includes your contact information.

# MEMBERSHIP APPLICATION & ANNUAL MEMBERSHIP FEE SCHEDULE



CONTACT INFO	Member Name		Company Name	
	Address		Title	
			Telephone	
	City		Mobile	
	Province	Postal Code	Fax	
	E-mail Address		Website	

Please choose one of the following categories of membership:

- |   |       |   |       |  |     |
|---|-------|---|-------|--|-----|
| <input type="checkbox"/> Large Business | \$500 | <input type="checkbox"/> Professional               | \$200 | <input type="checkbox"/> Non-profit Organization | \$0 |
| <input type="checkbox"/> Small Business | \$250 | <input type="checkbox"/> Individual/Sole Proprietor | \$100 | <input type="checkbox"/> Student                 | \$0 |

PAYMENT	To pay by credit card please complete the following:		
	Name of Card Holder		
	Credit Card Number	Expiry Date	Security Code (on back of card)
	To pay by cheque, please make cheque payable to the Canadian-Croatian Chamber of Commerce.		

## USE OF CONFIDENTIAL INFORMATION

Any personal information provided on this form will be used by the Canadian-Croatian Chamber of Commerce (the "Chamber") as set out in our Privacy Policy. Please consult our Privacy Policy, available online at [www.croat.ca](http://www.croat.ca).

## UNDERTAKING OF MEMBER

As a Member of the Chamber, the undersigned recognizes that membership is a privilege. Further, membership brings with it the responsibility to assure that all Members also understand and commit to the following membership undertaking. Accordingly, the undersigned shall commit to: (a) conduct all business and professional activities in a reputable manner, to reflect honourably upon the business community; (b) respect the good reputation, profile and status of the Chamber, and represent the Chamber accordingly; (c) understand, support, and promote the objectives of the Chamber (receipt of a copy of the current Membership Benefits pertaining thereto is hereby acknowledged); and (d) whenever reasonably possible, participate in the functions and activities of the Chamber, plus, in the promotion and enhancement of growth and related activities within the Croatian community in Canada.

The undersigned also understands that the failure to adhere to the professional and personal obligations outlined above, and as further defined in the Chamber's By-Laws, can result in the termination of membership by the Chamber's Board of Directors (the "Board").

On the execution of this undertaking, please consider this to be an application by the undersigned for membership in the Chamber.

If the Board accepts this application, then the undersigned agrees to pay in advance the fees for membership, which are non-refundable, as may be prescribed by the Board from time to time.

Membership will remain in force until revoked in writing.

All Members are fully responsible and accountable for all actions of, and all charges incurred by, their designated Chamber representatives.

Dated as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Authorized Signature

I consent to receiving electronic messages from the Canadian-Croatian Chamber of Commerce.

Return Membership Application and Fee Schedule, with payment to: Canadian-Croatian Chamber of Commerce  
630 The East Mall, Etobicoke, Ontario, Canada M9B 4B1