CROATIAN-CANADIAN SCHOLARSHIP FUND

In2ition Legacy Scholarship Award

APPLICATION

c/o Canadian-Croatian Chamber of Commerce
2475 Skymark Avenue, Unit 1
Mississauga, ON L4W 4Y6
Tel: (416) 641-2829

Website: www.croat.ca

E-mail: contactus@croat.ca

In2ition Legacy Scholarship Award

Information and Requirements

The **In2ition Legacy Scholarship Award** is managed by the Croatian-Canadian Scholarship Fund, which is a joint program developed and administered by the Croatian-Canadian Library and the Canadian-Croatian Chamber of Commerce.

The **In2ition Legacy Scholarship Award** offers the following:

> Four (4) scholarships in the amount of $5,000.00 CAD each will be awarded to high school students enrolled as full-time undergraduate students at a university in Canada (subject to presentation of proof of enrollment). The scholarships are awarded primarily on the basis of financial need, academic merit/scholastic achievement, and previously demonstrated capacity for successful completion of studies as well as a capacity for high achievement. This will be established through the applicant's school transcript, one or more letters of reference/recommendation from the applicant's teacher(s) or school counselor(s), and a personal letter from the applicant.

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

Scholarships and bursaries are normally provided for a term of one year or less.

NOTE: ***** The Croatian-Canadian Scholarship Fund manages this award on behalf of In2ition Realty and will disburse the amounts of $5,000.00 CAD (as described above) contingent on receiving the monies from In2ition Realty.

About the Croatian-Canadian Library

Founded in 2000, the Croatian-Canadian Library is a registered charitable organization which is involved in furthering education.

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. For additional information about the Chamber, visit www.croat.ca.

In2ition Legacy Scholarship Award
Application Procedure

Applicants must complete and include the following:

1. A copy of the attached "In2ition Legacy Scholarship Award Application – Applicant Information", completed and signed by the applicant.

2. A copy of the "In2ition Legacy Scholarship Award Application – Family Information" and "- Financial Information", 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 in Canada.

4. A complete transcript of the applicant's latest scholastic record. Absence of the required record will disqualify the application.

5. One or more letters of reference/recommendation from a teacher or school counselor, which attest 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 the award; (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 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
2475 Skymark Avenue, Unit 1, Mississauga, ON L4W 4Y6

by June 6, 2025 to be considered for the 2025/2026 school year.

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

The recipient will be notified by June 30, 2025.

In2ition Legacy Scholarship Award Applicant

Information

(TO BE COMPLETED BY APPLICANT)

Name of Applicant: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

Name of High School: _____

City: _____ Province: _____

Name of University: _____

City: _____ Province: _____

Intended Course of Study: _____ Minor: _____

Other Relevant Studies:

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

Are you presently employed? Yes ☐ No ☐

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

_____

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 the In2ition Legacy Scholarship Award applications, selecting and processing the recipient of the In2ition Legacy Scholarship Award and administering 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 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 application.

PROMOTION PURPOSES FOR RECIPIENTS

The Library and/or the Chamber may from time to time wish to announce information relating to the scholarship recipient, his/her current educational institution, the university where he/she intends 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 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 name of the recipient of the scholarship.

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 a scholarship 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: _____

In2ition Legacy Scholarship Award 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.

In2ition Legacy Scholarship Award Application

Financial Information*

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

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. 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 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 application and selecting and processing the recipient of the In2ition Legacy Scholarship Award. 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 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 In2ition Legacy Scholarship Award for (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

CANADIAN · CROATIAN CHAMBER OF COMMERCE

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:

☐ Large Business	$500	☐ Professional	$200	☐ Non-profit Organization	$0
☐ Small Business	$250	☐ Individual/Sole Proprietor	$100	☐ 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.

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