



Application Form- Scholarship Awards

Small Business Owners & Professionals Association of Canada (SBPA)

All applications and transcripts must be sent to:

SBPA SCHOLARSHIP SELECTION COMMITTEE - info@sboapa.org

Deadline: August 15th

This scholarship program is available to the dependents of any current full-time employees of the SBPA or member companies. The member must remain a member in good standing in order for the student to qualify for the second year of the scholarship.

The student's parent or guardian must be an active full-time employee with at least one year seniority with the SBPA or member company as of July 15th, in the year of application.

Applicants must be high school seniors, or in Quebec have completed CEGEP, are preparing to enter an accredited community college or university in the fall term, and have attained a minimum average of 75% in the last year of high school or CEGEP.

The decision of the Selection Committee and the SBPA is final and not open to appeals.

The SBPA reserves the right to withdraw a scholarship should the student's parent(s) or guardian(s) voluntarily leave the employment of the SBPA or member company, or if employment is terminated for just cause prior to the start of the school year, or if the company terminates its membership in the Association.

Responsibilities and obligations of the winner

1. Each scholarship recipient must present the SBPA with proof of acceptance by the community college or university before receiving the award.
2. The scholarship recipient is completely responsible for ensuring that the institution of choice meets the eligible criteria of the program.
3. Scholarship winners who maintain satisfactory scholastic records, as defined by their selected institution, and are eligible to receive the award for the second year, must provide a photocopy of 1st year transcripts to SBPA in order to receive the next year's award.

The SBPA Scholarship Program is administered by the SBPA Board of Directors, who have full authority to make rules and regulations governing the program. The SBPA assumes no responsibility for the conduct, personal affairs or debts of the scholarship recipients.



Year- Application Form-Scholarship Awards

Social Insurance No: ___/___/___/-/___/___/___/-/___/___/___

Name of applicant: _____ Date: _____

Address: _____ City: _____

Province ___ Postal Code _____ Telephone # () _____

Email address: _____ Date of Birth: Y/M/D ___/___/___

I have been accepted for admission at _____

Name of University or Community College University / College degree to be taken

Applicant's signature _____ Date _____

The applicant must provide the following documents:

- Application form - completed and signed
- A photocopy of the most recent transcript
- A 600-word essay describing goals, achievements, community involvement, etc.
- A copy of letters from all organizations certifying the candidate's volunteer work

SBPA Member Certification

Applicant's Parent/Guardian's Name _____

Relationship to Applicant _____

The area below must be completed by a senior officer of the company and not the parent or guardian.

I certify that the above named parent/guardian is a current full-time employee who has served one full year of employment with our company, who is a member in good standing of the SBPA.

Signature: _____ Title: _____

Print Name: _____ Name of Company: _____

Email address: _____ Telephone # (____) _____ - _____