

## P.O. Box 62518, 85 Ellesmere Road, Toronto, ON M1R 5G8

 $We b site: caribbe an council canada. or g \sim Email: admin@caribbe an council canada. or g$ 

## 2025 BURSARY & SCHOLARSHIP APPLICATION FORM

Last Name:			(	Given Names	s:		
Date of Birth:	(YYYY / MM / DD)			Country of Birth:			
Address:	Street		Unit #	City/Town	1		Postal Code
Email:				Telephone 1	No.:		
Parents/Guardiar Name:	1			Parents/Guardian Address:			
Caribbean Count Parents/Grandpa	•	*					
Last High Schoo	l Attended:						
Last Grade:		Year of Gr	aduation:		Stude	nt ID#	
Name of College be attending and							
Address of the pa	ayment office:		П				
Your school or community achievements (you may attach a separate sheet).							
I hereby declare that I have truthfully answered all questions to the best of my knowledge.							
I understand that my application.	any false state	ement made	herein ma	y result in the	e reject	ion or di	squalification of
Name/ Signature:					Date:		

Please ensure that all documents outlined under the Application Package are included.