

# GCAA Scholarship Application

**Please select** (please refer to application requirements):

Volunteer Award for High School Students

Undergraduate Scholarship

Diploma or Degree Scholarship

Graduate Scholarship

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Mailing Address: |  |
| City / Province: |  |
| Postal Code: |  |
| Telephone: primary other |  |
| Fax: |  |
| e-mail: |  |
|  |
| Parents Address: |  |
| Parents Phone: |   |
| Other Contact Info: |  |

**Your Personal Information:**

|  |  |  |
| --- | --- | --- |
| Place of Birth: | Date of Birth: |  |
| Citizenship / Permanent Resident: | Resident of Alberta since: |  |
| Languages Spoken: |
| Have you studied German (level attained) |

|  |
| --- |
| **Your current Enrollment as per this Application:**Institution: Program: Area of Study: Length of Program: Start Date: Anticipated Graduation Date:  |

**References:** (please list name, position and phone number)
Reference cannot be a family member

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**Volunteer Hours:** (please Organization and contact)

Signed Volunteer forms must be attached

|  |  |
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| Highest Completed Level of Education: (if applicable)  | Institution:  |
| Date:   | Current Level of Study:   |

**Personal Essay: Importance of Volunteering:** (Please include a description how this experience will contribute to your professional goals; do not exceed 1 page)

**Important Information:**

**Your completed application must include**:

* completed application form
* Singed Volunteer activity forms (time sheets)
* Reference Letter
* Transcripts from Institution where you are currently enrolled (High School students include the last report card)
* Proof of enrollment

Deadline for Applications: **March 31, 2025**

Mailing address: German Canadian Association of Alberta

8310 Roper Road

Edmonton, Alberta T6E 6E3

Email: gcaa@telus.net

Phone: 780-465-7466

## Incomplete or late applications may not be considered

#### Your personal information will be held in strict confidence

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** declare that all statements made by me on this application are true.

 Please print full name

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

 Signature Date