

# 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) | | |

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| --- |
| **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](mailto: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