

## **Afghan Professionals of Ontario (APO) Scholarship Award Form 2019**

The purpose of this form is to provide us (APO) with information about you, our potential Scholarship winner for 2019. Fill out the entire form.

### **Student information:**

**First name:**

**Last name:**

**Date of birth (mm/dd/yyyy):**

**Address (including city):**

**High school name:**

**High school address:**

**Graduation date (anticipated):**

**Do you have a job? (Y/N):**

**If you do have a job, where do you work, and how many hours do you work per week?:**

**Do you volunteer? (Y/N):**

**If you volunteer, how many hours do you volunteer per month?:**

**What are your extracurriculars at school?:**

**Do you play on any of your school's sports teams? (Y/N) If so, state which team(s) you play for:**

**Where do you hope to study for your secondary degree?:**

**What subject do you wish to study for your post-secondary degree?:**

**Character information:**

Answer the following questions (max 400 words per answer):

**1. What has been your biggest setback and how did you cope with it?**

**2. Who do you see as your role model, and why?**

**3. What do you see yourself doing with the scholarship money?**

**4. What do you hope to accomplish in your professional life?**

**5. What's your main goal in your personal life?**

**6. What does "community" mean to you?**

## Waiver

Read the following and sign at the end. If you have any questions or concerns, contact us at [info@afghanprofessionals.ca](mailto:info@afghanprofessionals.ca).

I, the undersigned, give permission to the executive team members at the *Afghan Professionals of Ontario* to read my application, my personal information submitted, and to decide on my candidacy for the 2019 APO Scholarship Award.

If I, the undersigned, win the 2019 APO Scholarship Award, I also give permission to APO to photograph/video me and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. I further consent to the use of my name in connection with the photograph(s)/video(s) if needed by APO. I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release APO from any such claims. I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

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(Signature of applicant)

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(Signature of witness/parent/guardian)

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Print name

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Print name

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Date

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Date