



**CPCO Student Scholarship Application Form**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Board:** \_\_\_\_\_

**Note: The applicant must be the school's recipient of the Catholic Education Foundation of Ontario's Catholic Student of the Year. In addition, the application *must* be signed by the school principal.**

**Please indicate how you demonstrate the criteria that makes you a worthy candidate to receive this scholarship (you may attach a separate document).**

**Student's Signature:** \_\_\_\_\_ **Principal's Signature:** \_\_\_\_\_

**Please complete application by September 1<sup>st</sup> and forward by email to –  
Tilia Cruz, Executive Director  
[tcruz@cpco.on.ca](mailto:tcruz@cpco.on.ca)**