



CANADA BANGLADESH MUSLIM SOCIETY

Annual Scholarship Application Form



Complete this form and email it along with all supporting documentation to CBMS scholarship committee at cbms.scholarships@gmail.com

APPLICANT'S INFORMATION

First Name		Last Name	
Date of Birth (dd/mm/yy)		Gender	
Permanent Address			
District/City		Postal Code	
*Parents' Name		*Parents' Phone / Email	
Guardian's Name		Guardian's Phone / Email	
Guardian's Occupation and Yearly Income		Number of dependent children of the guardian excluding the applicant	
Phone		E-Mail	

*In the event mother or father of the Applicant is alive

SCHOOL INFORMATION

School Attending			
School Address			
District		Postal Code	
Current Class		Last Grade Obtained	



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Name of the Head Master		Phone and E-mail	
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	COLLEGE INFORMATION (if applicable)
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College Attending			
College Address			
District		Postal Code	
Group		Session	
Name of the Principal		Phone and Email	

			EXTRA-CURRICULAR ACTIVITIES
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Community Engagement		Cultural	
Sports		Any Other	

	COMMENTS
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Additional Comments	
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	INFORMATION and DECLARATION
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Please include all documents as stated in Criterion for Application. Attach extra pages if required.

Please note, decisions by the CBMS Selection Committee are final.



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I declare that all the information provided in this application is true and correct to the best of my knowledge. I understand and agree that I have a continuous obligation to advise the CBMS Scholarship Committee if there is (are) a change (s) in circumstances.			
Applicant Signature		Date	
Guardian Signature		Date	

DECLARATION

I declare that the CBMS Scholarship awarded to the applicant will be expensed for the educational and general upbringing of the applicant. I understand and agree that I have a continuous obligation to advise the CBMS Scholarship Committee if there is (are) a change (s) to the purpose of the CBMS Scholarship.			
Guardian Signature		Date	

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