



Cutting Edge International Church

Charity BN/Registration #858472830

Website: www.cuttingedgeinternationalchurch.com

MARGARET LUCILLE DAVIS TAYLOR SCHOLARSHIP APPLICATION ACADEMIC YEAR 2016-2017

ELIGIBILITY CRITERIA

- Active Member (minimum of 6 months) of Cutting Edge International Church
- Demonstrated outstanding commitment in serving in one of the church ministries and a capacity for leadership
- Maintained a minimum B average
- Accepted and enrolled in 2016/2017 academic year to an accredited college or university (fulltime or part-time)
- Canadian Citizen or Permanent Resident (landed immigrant)-(PROOF OF CITIZENSHIP REQUIRED)

APPLICANT'S PERSONAL INFORMATION

FIRST NAME: _____ E-MAIL: _____

LAST NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____

ACADEMIC INFORMATION

NAME OF SCHOOL CURRENTLY ATTENDING: _____

THIS IS A high school home school trade
 2 yr College university graduate school

POST-SECONDARY PROGRAM ENROLLED IN: _____

PROGRAM CONTACT PERSON: _____

ACADEMIC ACHIEVEMENTS: _____
(Include transcript)

BRIEF OUTLINE OF DEMONSTRATED LEADERSHIP ACTIVITIES:

CHURCH ACTIVITIES:

How long have you been serving the Lord? _____

Are you a member of Cutting Edge International Church? _____

In what areas have you served in ministry within the church?

In what ways have you demonstrated leadership within the church?

VOLUNTEER/EXTRA-CURRICULAR/COMMUNITY SERVICE

PROVIDE A LIST OF ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED IN OVER THE PAST 2 YEARS. INCLUDE POSITIONS OF LEADERSHIP, RECEIVED AWARDS, HOBBIES OR INTERESTS.

PERSONAL STATEMENT

WHAT IS YOUR CAREER GOAL?

NAME AN INDIVIDUAL THAT INFLUENCED YOU TO SELECT THIS PATH AND WHY?

HOW DOES THIS CAREER MAKE A DIFFERENCE?

LETTERS OF RECOMMENDATION

PLEASE PROVIDE 2 LETTERS OF RECOMMENDATION ON OFFICIAL LETTERHEAD AND INCLUDE THE PERSON'S NAME, ORGANIZATION, ADDRESS AND PHONE NUMBER. TEACHERS, COUNSELLORS, MINISTERS, COACHES, EMPLOYERS ARE ALL GOOD CHOICES AS THEY CAN COMMENT ON YOUR OVERALL CHARACTER AND ACHIEVEMENT. LETTERS MUST INCLUDE YOUR FULL NAME AND SIGNED BY THE PERSON RECOMMENDING YOU. INCLUDE THEIR RELATIONSHIP TO YOU, IN WHAT CAPACITY THEY HAVE KNOWN YOU AND FOR HOW LONG.

I HAVE READ, MEET AND AGREE WITH ALL THE AWARD CRITERIA.

THE ABOVE IS ACCURATE AND TRUE

I UNDERSTAND THAT THE AWARD WILL BE MADE OUT TO THE COLLEGE OR UNIVERSITY THAT I AM ENROLLED IN

Signature

Date

TIMELINE

DEADLINE: JULY 12, 2016

DECISION MADE: AUGUST 12, 2016

APPLICATION SHOULD BE SUBMITTED TO LESLIE DAVIS-SMITH BY JULY 12, 2016. INCLUDE ACCEPTANCE/ENROLLMENT LETTER WITH YOUR APPLICATION.

ANY QUESTIONS OR ASSISTANCE, PLEASE CONTACT LESLIE AT 519-735-6308.

CHECKLIST

- 1. COMPLETED AND SIGNED**
- 2. LETTER OF ENROLLMENT/ACCEPTANCE FOR 2016/2017 ACADEMIC YEAR**
- 3. TRANSCRIPT**
- 4. 2 LETTERS OF RECOMMENDATION**

****APPLICATIONS WILL NOT BE ACCEPTED LATER THAN JULY 12, 2016**