



## Friends of the Cuban Arts Inc.

81 Evanson Street • Winnipeg • Manitoba • R3G 2A1 • Ph: (204) 275-5372 • friendsofthecubanarts@gmail.com

### SCHOLARSHIP APPLICATION:

Name:	Phone No:
Address:	Email:
Birth Date:	Social Media:
Type of Scholarship: <input type="checkbox"/> High School to University/College <input type="checkbox"/> Post 1 <sup>st</sup> year University/College/Post Grad	
Educational Institution you have applied to:	
Program you will be applying for:	

### CURRENT SCHOOL:

Name:	Phone No:
Address:	Email:
Reference Contact Name:	Position:
Phone No:	Email:

### PROVIDE A COPY OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- 1- Cover letter should be in the form of an essay.
  - Cover letter should be two to three pages long with 1- ½ line spacing;
  - It should list all volunteer experience with your school and your community;
  - It should list all your volunteer experience and your family's with the Cuban community;
  - It should list participation in FCA's events and community events in general;
  - It should include a paragraph on the importance of keeping your Cuban roots alive and what to do to achieve this;
  - Cover letter should include: academic standing, sports achievements, awards, your participation in committees, school clubs, student groups, etc.;
- 2- Letter of acceptance from the College or University, if available;
- 3- Proof of your academic standing (eg.: First Term grade 12 report card, GPA or copy of transcript);
- 4- Signed Agreement (see other side).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



### **AGREEMENT**

- I understand that Friends of The Cuban Arts Inc. Association is providing me with this scholarship for my achievements and that it is to be used in the undertaking of my educational program.
- I understand that I may use this money to buy school materials, pay tuition fees, for accommodation and/or any other expenses related to school.
- I understand that FCA, Inc. reserves the right to request expense receipts up to the amount of the scholarship provided.
- I understand that, if I leave the program, I will not be eligible for any other scholarship with Friends of the Cuban Arts Inc.
- I understand that I will inform the Association when I complete my year of study.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_