



SCHOLARSHIP PROGRAM FOR POST SECONDARY EDUCATION

In recognition of the importance of education, AMCO established this scholarship program in 1981 for children or wards of all salaried employees of Association Member Companies.

Program Objective

To encourage children or wards of salaried employees, of member companies, to attain a high level of academic achievement and personal development and to promote Canadian post-secondary education. In recognition of this, the Association provides financial support for such deserving individuals for the purpose of attending recognized post-secondary institutions.

Recognized Programs and Institutions

Full-time Undergraduate Degree offered by an accredited Canadian University or Full-time Diploma course at an accredited Ontario Community College only will be given primary consideration. Consideration may be extended to full time programs by other accredited Canadian Institutions, providing the objectives of the program are met.

Eligibility

In order to apply and be eligible for consideration, applicants must:

- be the son, daughter or legal ward of a person who is a full-time/salaried employee or equivalent of an Association member, which has been in good standing for at least one year;
- be a Canadian citizen;
- have successfully completed their latest academic year;
- be sponsored and endorsed by the AMCO representative of the Ontario operations of the member company;
- not be otherwise receiving a major scholarship or bursary (I.E. over \$5,000);
- have at least a C average (60%) in their latest academic year.
- has only been awarded a AMCO Scholarship 4 times or less.

Member companies may sponsor and endorse more than one applicant each year.

Basis of Evaluation

Eligible applicants will be evaluated based on **ALL** of the following criteria:

(Note: Points are awarded based on each of the items listed below. While grades are very important, missing information in any category will result in zero points awarded in that area and will effect your overall total score.)

- academic achievements in their most recent academic year **NOTE: if transcript is GPA, ensure provide school conversion rate - POINTS WILL BE LOST IF CONVERSION NOT RECEIVED**
- work experience (full-time, seasonal or part-time);
- extra-curricular activities;
- fully completed application form;
- typed and detailed essay submission describing who they are, what are their key personal attributes and also what “sets them apart from their peers” and deserving of consideration;
- and, any supporting reference letters or related documents or academic awards from other parties. **Note: All reference letters must be signed and the person’s contact information shown to be considered. Academic awards shall be dated no later than 2018.**

Scholarship Committee

The Scholarship Committee is composed of at least three individuals appointed by the Board of Directors, one of whom is to be appointed Chairperson.

The Committee is responsible for:

- administering the program;
- evaluating the applications as received;
- awarding the scholarships to the most deserving eligible applicants based on their application evaluations, the amount of the individual scholarships and the number of eligible applicants;
- considering all the criteria listed above in making the awards.

Revisions/Termination of Program

The number and amounts of the yearly scholarship awards may vary annually depending on such variables as the number of applicants, the amount of each award and the ability of the funds to support the program.

The Program may be revised in any year by the committee to better serve the objectives of the program.

The Board of Directors may terminate the Program upon notice to the membership and the fulfillment of all outstanding commitments.

Protecting Your Privacy

The Association takes the commitment to protecting your privacy seriously. We do everything to ensure your information is secure from unauthorized access or misuse. Please ensure you have reviewed the **Protecting Your Privacy Form and sign the form to provide “Authorization and Direction” and submit with this application.**

SCHOLARSHIP PROGRAM

Please note: If you are selected to receive a Scholarship Award, you will be required to provide your Social Insurance Number before payment of the award will be issued. **NOTE: This form has been designed to 'type' directly into it. Aside from signatures, please DO NOT hand-write your application.**

APPLICATION FORM

Surname _____ Given Name _____

Home Address _____

No. _____ Street _____ Phone _____

City/Town _____ Province _____ Postal Code _____

Date of Birth _____ Age _____ E-mail _____

Latest School Attended _____

Name _____ City/Town _____ Province _____

Last year's average mark _____ (**Please provide copy of official transcript**)

University/College to be attended in the coming school year:

Name _____ Location (City, Town) _____

Course of Study _____

Have you applied for or are about to receive other financial assistance?

YES _____ NO _____ If YES, state amount _____

I have included the **Personal Information Disclosure-Authorization and Direction Form** _____

<u>AMCO MEMBER COMPANY INFORMATION</u>	
<i>PLEASE PRINT</i>	
Name of Member Company _____	
Parent/Guardian (of applicant)	_____
Name	Position
<u>ENDORSEMENT OF COMPANY'S AMCO REPRESENTATIVE</u>	

Signature	
_____	_____
Name	Title

APPLICANT'S EMPLOYMENT EXPERIENCE

Commence with most recent experience (include full-time, seasonal, or part-time employment)

1 EMPLOYER: _____
ADDRESS: _____
City/Town Province Telephone
JOB TITLE: _____
FROM: _____ TO: _____
Start Date Termination Date
Reason for Leaving: _____

2. EMPLOYER: _____
ADDRESS: _____
City/Town Province Telephone
JOB TITLE: _____
FROM: _____ TO: _____
Start Date Termination Date
Reason for Leaving: _____

3. EMPLOYER: _____
ADDRESS: _____
City/Town Province Telephone
JOB TITLE: _____
FROM: _____ TO: _____
Start Date Termination Date
Reason for Leaving: _____

4. EMPLOYER: _____
ADDRESS: _____
City/Town Province Telephone
JOB TITLE: _____
FROM: _____ TO: _____
Start Date Termination Date
Reason for Leaving: _____

By signing the applicant confirms that he/she is a Canadian Citizen.

DATE _____ SIGNATURE OF APPLICANT: _____

Please forward your complete application material including a transcript of your most recent marks on or before August 4, 2021 to:

Please e-mail your application form and all supplementary documentation to: info@amcontario.ca