

# Davidson Scholarship Fund Application Form

Completed Applications Are To Be Sent To:

**Canadian Mental Health Association/Peel Branch**

Finance and Operations  
7700 Hurontario St., Unit 601  
Brampton, ON L6Y 4M3  
Attn: Davidson Scholarship

Telephone: 905-451-1718  
Fax: 905-451-1720  
Email: [davidsonscholarship@cmhapeel.ca](mailto:davidsonscholarship@cmhapeel.ca)

**Personal Information:**

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Previous Address (if less than 2 years): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you been involved in a mental health program? If so, tell us about the program and how and when you were (or are) involved (attach a separate sheet if there is insufficient space).

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**Details Of The Course You Are Currently Applying For:**

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number (code): \_\_\_\_\_

Name and Address where the course will be held:  
\_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cost in Current Academic Year:

Fee \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_

What are your travel expenses covering:  
\_\_\_\_\_

Indicate Financial Assistance Already Obtained:  
\_\_\_\_\_

Indicate Financial Assistance Applied For:  
\_\_\_\_\_

**Details Of Education:**

Details of the education you have taken so far and the levels achieved. Please include the names of the schools, colleges attended, and dates attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Please Provide a name, address and phone number of at least two (2) references other than family that we may contact regarding your education

1) \_\_\_\_\_

2) \_\_\_\_\_

**Work History:**

Please provide us with a listing of your employment/volunteer experience:

**Employment:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Volunteer:**

Organization: \_\_\_\_\_ Role: \_\_\_\_\_

Dates: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

What Are Your Goals in Life?

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What Hobbies or Interests Do You Have?

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Why Do You Think You Would Be A Suitable Candidate For A Davidson Scholarship?

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**Thank you for completing this form. Feel free to add any additional material. It is advisable to apply for your courses and for additional financial assistance as soon as possible.**

**Don't Wait! Application Deadline: January 30**