



**SCHOLARSHIP  
APPLICATION FORM**



## SCHOLARSHIP APPLICATION FORM

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*Animus Credo Erudio*

This application form must be included with the academic school application.

### STUDENT INFORMATION

\*LAST NAME

\*FIRST NAME

MIDDLE NAME

PREFERRED NAME

\*DATE OF BIRTH

/

/

MALE

FEMALE

\*EXPECTED START DATE (MM/YEAR)

/

INTENDED LENGTH OF STAY

\*ANTICIPATED GRADE OF ENTRY

\*Will the student apply for the half-day high performance program?

YES, please indicate which program;  NO

*The Canadian International Dance Academy*

*The Canadian International Sports Academy*

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ÉCOLE CANADIENNE BILINGUE  
CANADIAN BILINGUAL SCHOOL  
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info@ecb-cbs.ca

T TOLL FREE [1]844.795.7494

F [1]844.595.4291

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www.ecb-cbs.ca  
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TO BE COMPLETED BY THE STUDENT IN HIS/HER OWN HANDWRITING.

**1. List and describe your level of interest and participation in school activities (i.e. arts, music, sports, service learning, community outreach, mentorship, and school leadership).**

**2. List and describe your level of interest and participation in hobbies, activities and groups not associated with school.**

**3. List any awards or honors you received in the past two years.**

**4. Describe any volunteer activities in which you have been involved in over the past two years.**

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**5. What reading have you enjoyed most in the past year and why?**

**6. Why do you wish to attend the Canadian Bilingual School of Paris?**

**7. What else would you like us to know about you?**

Please attach at least one reference letter from a teacher or member of the community with whom you have had a relationship (i.e. community service supervisor, mentor, etc.). This cannot be a family member.

**DECLARATION :** I declare that the information on this application is true and I understand that the information contained herein will be used for the purposes of determining eligibility for a scholarship.

**STUDENT** (print name)

**SIGNATURE** | **DATE**

**PARENT/GUARDIAN** (print name)

**SIGNATURE** | **DATE**

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