

# 2025 Kelman Scholarship

6711 Mississauga Road, Suite 310 Mississauga, ON L5N 6A2 T:  $(416)\,410\text{-}6933$ 

W: www.weao.org E: scholarship@weaocommittee.org

## **APPLICATION FORM**

APPLICANT INFORMATION			
Name		Phone	
Street Address			
City, Province, Postal Code			
Email Address			
ACADEMIC INFORMATION	ON		
High School			
Street Address			
City, Province, Postal Code			
Grade	F	avorite Subject	
REFERENCES			
Your referee must comple	te the Reference Form and suttee.org. Ensure they send it in 25".		
Teacher's Name	Subject(s)	School	

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#### HOW DID YOU LEARN OF THE KELMAN SCHOLARSHIP? (Check all that apply)

WEAO website
Scholarship website: please state which one:
My school's Guidance Counselor/Resource Teacher
Other:

#### **DECLARATION**

I, (full name) , certify the information provided to be true and complete and authorize the release of the information to the WEAO Scholarship Committee for review. I authorize that my name, photograph, and general information about me can be used for promotional purposes in WEAO communications materials, should I receive this scholarship.

#### Date:

Note: Electronic submission of an application from an applicant's email address constitutes an electronic signature and confirms agreement with the requirements of the scholarship. Identities of winning applicants may be further verified upon award of the scholarships.

Application Deadline: Oct 31, 2025

Submit your completed application as a single PDF file by email to scholarship@weaocommittee.org

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## **APPLICATION ESSAY**

Name:

Start Essay text here:

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