

## WomanCare Courage Award Application Form

# 1) Applicant Information Address: \_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_ Phone: Email: I am a Canadian Citizen ☐ I am a permanent resident (landed immigrant) ☐ School that you will graduate from: \_\_\_\_\_\_ Please attach a copy of: Most recent report card 2) Child's Information Proof of Parenthood is Required. Signed letter from school principal which confirms applicant's parenthood OR signed letter from school counsellor which confirms applicant's parenthood 3) Post-Secondary Plans Which post-secondary program(s) do you plan to apply for? \_\_\_\_\_ What are your long-term career plans? 4) Personal Plans Please share some of your hopes and dreams for both you and your child.

5) Courage		
Please share an example of how you have s	shown co	urage in your life.
6) References		
Please list two teachers and/or community on your behalf.	member	s who are willing to provide a written reference
#1 Name:		Job:
Phone: Er	mail:	
#2 Name:		Job:
Phone: E	Email:	
Applicant Signature		Date

### Remember to include:

- Proof of parenthood a letter from school principal or school counsellor
- Copy of recent report card
- Two reference forms in signed sealed envelopes

## WomanCare Courage Award

#### CONFIDENTIAL REFERENCE FORM

Thank you for providing a reference for the student named below, who is applying for the WomanCare Courage Award. Please complete the form and return it to the student in a sealed envelope with your signature across the envelope flap. Enclosure of additional information on a separate sheet of paper is also encouraged.

Student Name:	
How long and in what capacity have you known	n the applicant?
Please comment on the student's quality of att	ributes (including attitude, work ethic, motivation).
Please provide comments in support of this app	plicant.
Your name:	Position:
Signature	 Date