



MOSAIC

**DR. KES CHETTY EDUCATION AWARD
Application Form**

Nominations for this award are by MOSAIC staff for clients or volunteers who demonstrate a commitment to enriching the Canadian community (e.g. volunteering, community involvement). Preference will be given to nominees demonstrating financial need or overcoming hardship. Applicants of all ages are eligible and encouraged.

DEADLINE FOR APPLICATIONS: June 19, 2020

The Awards Committee selects up to three deserving recipients annually for awards of \$1000 each. Awards are to be used towards any type of education, course or professional development that will enhance the employability of the recipient. Awards will be presented to selected recipients at the Annual General Meeting on September, 2020.

All information contained below will be treated as confidential. [Please attach additional pages if necessary.](#)

Name:

| | | |
|--------------|---------------|-------------|
| First | Middle | Last |
|--------------|---------------|-------------|

Address:

| | | | |
|-------------|---------------|-------------|--------------------|
| Apt# | Street | City | Postal Code |
|-------------|---------------|-------------|--------------------|

Contact:

| | | |
|-------------------|-------------|--------------|
| Home Phone | Cell | Email |
|-------------------|-------------|--------------|

Year of Birth:

_____ **Year of Arrival in Canada:** _____

Country of Origin:

Are you a:

| | | | |
|---------------------------|-----------------------|-------------------------|-----------------------|
| Canadian Citizen | <input type="radio"/> | Landed Immigrant | <input type="radio"/> |
| Convention Refugee | <input type="radio"/> | Other | <input type="radio"/> |

Level of annual household income:

Number of dependents (if any):

Educational Background:

Program of studies or course you intend to pursue:

Date of acceptance in chosen program (*please attach confirmation of acceptance if available*): _____

Total Cost of Course: \$ _____

Please describe experiences you have had as a volunteer:

What have you gained or contributed through your community involvement?

How will this award assist you in achieving your career objectives?

Describe your involvement with MOSAIC to date:

Additional Comments:

Signature of the Applicant

Date

The following should be filled in by the referring MOSAIC staff person (use additional sheets if necessary).

Name:

Title:

Keeping in mind the criteria for this award (financial need, community involvement, overcoming hardship, education plans), why do you think the applicant deserves the Dr. Kes Chetty Award? (Use additional paper as needed.)

Signature of Staff Member

Date