ADAM'S APPLES

Connecting Youth One Conversation at a Time

SCHOLARSHIP APPLICATION

Full Name: _____

Birthdate: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

School Name: _____

What date(s) did you complete the Core Connector Initiative? _____

In under 500 words, explain how you have applied the skills learned in the CCI in your home and/or school environment:

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Please attach a letter of recommendation from a teacher, youth leader, coach or other mentor.

Intended post-secondary institution and program of interest: _____

_____

Please submit this form to karly@adamsapples.ca