



Applicant Information

First Name: _____

Last Name: _____

Prefix: _____

Permanent Address: _____

City: _____

Province / State: _____

Postal Code / Zip Code: _____

Country: _____

Telephone: _____

Email: _____

* How did you hear about this scholarship program?

- Email
 Employer
 Facebook
 Family or Friend
 Internet
 Magazine
 Online ad
 School or Teacher
 Twitter
 Other

* Have you ever been a recipient of this award?

- Yes
 No

* If so, please indicate the date(s) (yyyy-mm-dd)

Scholastic History

Please list the educational institutions attended during the last two academic years.

Name of School	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Country	Grade Completed
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Name of School	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Country	Grade Completed
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Post-Secondary Data

List the name of the educational institution you plan to attend during the upcoming academic year.

Institution Name	Campus	Start Date (yyyy-mm-dd)
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Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
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Institution Name	Campus	Start Date (yyyy-mm-dd)
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Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
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Institution Name	Campus	Start Date (yyyy-mm-dd)
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Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
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Extracurricular and Community Activities

Please use the following page to demonstrate volunteer, community and/or extracurricular activities.

List most relevant extracurricular activities to this application. Additional copies of this page can be attached if more than two activities are to be considered.

Name of Activity: _____

Activity Type: Volunteer Activity Community Activity Extracurricular Activity Part-time Work

Dates Total Hours for Period

 From (yyyy-mm-dd) To (yyyy-mm-dd)

Part of Mandatory Service Requirement: Yes No
 Payment Received: Yes No

Detail of Role, Activities and Accomplishments:

Name of Activity: _____

Activity Type: Volunteer Activity Community Activity Extracurricular Activity Part-time Work

Dates Total Hours for Period

 From (yyyy-mm-dd) To (yyyy-mm-dd)

Part of Mandatory Service Requirement: Yes No
 Payment Received: Yes No

Detail of Role, Activities and Accomplishments:



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Additional Information

I am an employee of a registered CPA member and my job function is more than 50% related to parking; or, I am a spouse or dependent of a CPA member whose job function is more than 50% related to parking: Yes_____No _____

CPA MEMBER ENDORSEMENT:

As a registered member of the CPA, I confirm that _____(employee's name) is a full-time employee of our firm whose job function is a minimum of 50% related to parking and that the applicant is this employee's spouse or child and is entitled to apply for this scholarship.

Name of CPA member:

Member No.:

Signature of CPA member:

Date:



Essays

Please attach your essay(s) to your application.

*** Volunteer/Community Involvement and/or Extracurricular Activities**
Please provide a short essay describing your volunteer/community involvement and/or extracurricular activities over the past five years.
Maximum 250 words.

Employee Consent

You are asked to complete this form as the parent of a dependent applying to a scholarship program administered by Universities Canada. To complete the application process, some information from you is required in order to confirm that your dependent is an eligible scholarship candidate under the terms of the program. This information will not be used or disclosed for any other purpose unless required or authorized by law. By completing and submitting this form you are consenting to the collection, use, disclosure and retention of this personal information for the above stated purposes. You may refuse to provide this information to us or withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. In either case, this may limit your dependent's scholarship eligibility.

A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at www.univcan.ca or by requesting a copy from Universities Canada's Privacy Officer. Please contact the Privacy Officer by calling (613) 563-1236 or by writing to: Privacy Officer at 1710-350 Albert Street, Ottawa, ON K1R 1B1 should you have any privacy related questions or concerns.

To confirm your relationship with the applicant and to provide your employment details, please submit the completed form via email, fax or regular mail. This form must be received before the deadline noted for supporting documentation in the program guidelines.

Employee First Name: _____

Employee Last Name: _____

Department: _____

Work Location: _____

Employee No: _____

Employee Position: _____

Email: _____

After reviewing the The Canadian Parking Association Scholarship information, I confirm that I meet all employee and parental eligibility requirements.

Yes No

Date: _____ Employee Signature: _____



Authorization for the Distribution of Personal Information

In compliance with Privacy Law, information about your application will not be released to anyone who has not been specifically authorized by you, the applicant. Third parties (parents, guardians, etc.) may contact Universities Canada on your behalf, in person, by phone, or by email, to receive information about your application but only if you have authorized them on your account.

To add an individual to your file, please provide the names of family members or legal guardians to whom Universities Canada may release your personal information. Please also provide a verbal password for their use when contacting Universities Canada. Information about your file will be only be given to those individuals who appear on your list and can provide this password. It is your responsibility to ensure the parties named below are aware of the password you have provided Universities Canada.

Note: You are not required to provide access to your file and may change the information at any time.

First Name: _____

Last Name: _____

Password: _____

First Name: _____

Last Name: _____

Password: _____

Supporting Documentation

As part of this application, the supporting documentation described below is required. If any of these documents are not received and accepted, your application will be considered incomplete and will not be evaluated. Supporting documents must be received by Universities Canada on or before 2017-05-15.

Documents may be uploaded through submitting an online application or sent directly to the address below.

Letters of Reference

Two letters of reference are required to support your application and must come from 2 different individuals. The first letter must come from a teacher and the second from a person familiar with your volunteer, community involvement and/or extracurricular activities. All letters must be typewritten on letterhead, signed and include the reference's contact information. If possible, the referee should describe their relationship to the applicant in the letter.

To assist you in the preparation of this letter, please refer to the [instructions for referees](#).

Transcript

Please provide an official transcript of the last 3 terms of available marks, that is, marks for the period of September 2015 to December 2016. If you were not enrolled during this time, please provide marks for the last 3 available terms. A transcript will be only considered



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The Canadian Parking Association Scholarship 2017 Application Form

acceptable if it is presented on the official paper of the institution AND it bears the appropriate signature(s) and/or seal of the institution. Home school grades will only be accepted if they have been validated through a recognized, independent evaluation process.

Transcripts may be uploaded to the online application however if successful, the applicant will be required to provide an original copy of the official transcript by mail before payment can be issued. If submitting the official transcript by mail at the time of application, successful applicants will not be required to re-submit.

Applicant Consent & Declaration

The Canadian parking Association has contracted with Universities Canada for the administration of their scholarship program. This administration role includes the application process, the evaluation and selection process, the processing of recipients' files and the administering of payments for the scholarship on behalf of The Canadian parking Association. The purpose of this statement is to set out Universities Canada's commitment to the protection of personal information collected, used, disclosed or retained in performing this function. Universities Canada will comply with the requirements of the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) for the collection, use, disclosure and retention of personal information provided by you in the course of your scholarship application.

Universities Canada has appointed a Privacy Officer with overall responsibility for Universities Canada privacy compliance. Should you have any questions, concerns or complaints regarding the privacy of your personal information please contact the Privacy Officer by calling (613) 563-1236 or by writing to: Privacy Officer at 1710-350 Albert Street, Ottawa, ON K1R 1B1.

Please find below a summary of Universities Canada's privacy policies concerning the collection, use, disclosure and retention of the personal information you will be submitting in this application. Please read the information below carefully as by submitting your application you are consenting to the collection, use, disclosure and retention of your personal information as summarized below. A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at www.univcan.ca or by requesting a copy from Universities Canada's Privacy Officer.

PURPOSE OF COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

Your personal information is being collected on behalf of The Canadian parking Association for the purposes of processing and evaluating scholarship applications, selecting and processing scholarship recipients and administering scholarship payments once awarded. Your personal information will be collected from you and may also be collected from references, secondary and postsecondary educational institutions, government, community or other sources based on the information provided by you in this application. This process will include the release of any or all of your personal information to The Canadian parking Association and Selection Committee members as well as any other third parties where such release is necessary for verification, scholarship evaluation, selection, administration purposes as well as internal Universities Canada system administration purposes. Your personal information may be used in the future for the purposes of contacting you and by Universities Canada in evaluating outcomes associated with the scholarship program. There will be no other uses or disclosures of your personal information by Universities Canada unless required or authorized by law or unless you are contacted and your permission is requested. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of your scholarship application and the purposes noted herein.

PROMOTION PURPOSES FOR RECIPIENTS

The Canadian parking Association may from time to time wish to announce scholarship winners, their current educational institution, the university or college where they intend to study and the course of study funded by the scholarship, as well as the amount of the scholarship, or to use or disclose recipient information for promotional purposes. The Canadian parking Association shall be responsible for obtaining the consent of recipients for such purposes.

ACCESS TO AND ACCURACY OF YOUR PERSONAL INFORMATION

Upon request to Universities Canada's Privacy Officer, you will be given access to your personal information held by Universities Canada. Universities Canada will, on request, correct inaccuracies in your information. Please be advised that inaccuracies must be brought to the attention of Universities Canada prior to the selection of a scholarship recipient[s] in order for us to record and bring the correction to the attention of the Selection Committee.



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The Canadian Parking Association Scholarship
2017 Application Form

RETENTION OF PERSONAL INFORMATION

Universities Canada and The Canadian parking Association will securely retain personal information about applicants for the purposes of verifying applications, completing the assessment and evaluation, selecting a recipient, administering scholarship payments, and addressing any concerns regarding scholarship awards. Furthermore, Universities Canada and The Canadian parking Association will retain certain personal information collected throughout the application process for the purposes of contacting you in the future, for assessing the efficacy of the scholarship and for undertaking aggregate analysis with regards to Universities Canada programs. This personal information may be kept indefinitely. Universities Canada will retain a permanent listing of the names and internal identification numbers of the recipients of the scholarship program in any given year. Universities Canada requires that The Canadian parking Association comply with Universities Canada’s Privacy Policy as outlined herein or follows a policy with comparable privacy standards.

CONSENT

You may refuse to provide personal information to us. You may also withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. However, in either case, this may limit your scholarship eligibility and our ability to administer the scholarship payments. By completing and signing [submitting] this application you are consenting to the collection, use, disclosure and retention of your personal information for the above stated purposes.

I have read and agree with the above consent. I have also read the dependent scholarship guidelines and understand the eligibility requirements for this program. I certify that all information provided in this application form and attached documents are true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship/award issued to me may be revoked without notice if any information in this application is subsequently found to be false.

Print Name: _____

Signature of Applicant: _____ Date: _____

Contact Us



Scholarship Partners Canada
Ref: The Canadian Parking Association Scholarship
1710-350 Albert Street
Ottawa ON K1R 1B1

Tel.: (613) 563-1236
Toll free: 1-844-567-1237
Fax: (613) 563-9745
E-mail: awards@univcan.ca