



THE NAHOM BERHANE SCHOLARSHIP FOR LEADERSHIP AND INCLUSION MANDATE, POLICY AND APPLICATION FORMS

START DATE: MONDAY, FEBRUARY 3, 2020

SUBMISSION DEADLINE: WEDNESDAY, APRIL 15, 2020 – 5 PM EST

Please direct any questions you may have about the application process to info@nahom.org

MANDATE

The Nahom Berhane Scholarship for Leadership and Inclusion recognizes youth who have a proven track record of volunteerism, community service and leadership in the GTA. The scholarship can be accessed during any year of a first degree, diploma or certificate program and can be used at any accredited institution (college, university, accredited trades schools or certificate program). Applicants must be in-process or enrolled in a Canadian institution for the upcoming year.

Disbursement of the scholarship will be paid directly to the institution to help reduce the cost of registration, to a maximum of \$3,000. Application is required.

POLICIES AND PROCEDURES

1. Application

1.1 The applicant must meet the following criteria:

- i) Be sponsored by a mentor who will complete application and commit to supporting the applicant in their educational journey for at least one year; application is put forward by a mentor of the applicant.
- ii) Be enrolled or in the process of enrolling to a Canadian college, university, trade or other institution for the upcoming year on a fulltime basis (as defined by the school);
- iii) Have a signed MOU from mentor/ mentor organization committing to act as a mentor for the applicant for the duration of the scholarship.
- iv) Must be 30 years old or younger on December 31, 2020;
- v) Live in the GTA for at least two years;
- vi) Be enrolled in a course of study leading to a first degree/diploma, and or certificate program.
**Those who have graduated from overseas are considered having completed a first-degree diploma, thus not qualified for this scholarship.*
- vii) Have a proven track record of volunteerism, community service and leadership in community.



1.2 Priority will be given to applicants:

- i) Who have a track record of volunteerism and advocacy for historically marginalized populations;
- ii) Who demonstrate financial need;
- iii) From single-parent families; and
- iv) From first- or second-generation immigrant families

1.3 Applicants must comply with the Scholarships Policies and Procedures outlined in this document.

1.4 Application must be submitted on or before the deadline set by the Scholarship Selection Committee (WEDNESDAY, APRIL 15, 2020 – 5 PM EST).

1.5 Applicants must disclose any real or perceived **Conflict of Interest**.

*A Conflict of Interest or perceived conflict of interest refers to a situation in which a person is able to derive personal benefit from actions or decisions made by a person, connected to them, in an official capacity. This could include having family members or relatives working at Access Alliance, MHCS Staff and/or Board members, and members of the Nahom Berhane Scholarship Fund steering committee, fundraising committee or application reviewing Committee.

2. Scholarship Recipient Selection

Applications will be reviewed by a panel of volunteers (Scholarship Selection Committee) with a vast array of skills and experiences based on the criterion listed in Section 1, 1.2, 1.3, 1.4, 1.5.

Scholarship recipients will be notified by phone, e-mail or mail by the chair of the Scholarship Selection Committee, or a designate, on or before June 10th, 2020.

3. Scholarship Announcement

As a condition of the NBSF scholarship, recipients are expected to attend the official presentation of the scholarship at the Access Alliance Access Point on Danforth Annual general Meeting (date to be provided to recipient).

4. Scholarship Recipient Responsibilities

4.1 Scholarship recipients will have the value of their scholarship applied directly to their school fees prior to the start of the academic year. Funds are conditional or contingent upon confirmation of enrolment in the 2020/2021 academic year. If, after payment of registrations fees, money from the scholarship remains, Remaining funds will be deferred to the following semester or applicant can request that funds be used to cover books / materials expense.

4.2 Scholarship recipients are required to submit a thank-you letter, addressed to the donor(s), to the Scholarship Selection Committee for distribution within the first 60 days of being selected as a scholarship recipient.

4.3 Scholarship recipients are required to provide a written update of up to 500 words at the end of each semester detailing their progress in school and any supports received from their mentor/ mentor organization.

4.4 Recipients may defer enrollment in an Approved School for up to one year, or they may interrupt their studies for up to one year, on one occasion only. Reinstatement of the Scholarship will be conditional on reacceptance at an Approved School. Recipients who fail to return to school after one year deferment or who drop out of school will forfeit the remainder of the Scholarship.

4.5 Scholarship recipients, who are not accepted to a post-secondary institution, withdraw from studies or drop classes may have their scholarship deferred or rescinded.

5. TERMS AND CONDITIONS:

- 5.1 Access Alliance MHCS reserves the right, in its sole discretion, to modify, amend or cancel the Nahom Berhane Scholarship for Leadership and Inclusion (the "Scholarship") at any time without notice, and to decide all questions respecting the awarding of Scholarships, and the administration of the terms and conditions of the Scholarship.
- 5.2 By submitting an Application, the Applicant authorizes Access Alliance MHCS, the Scholarship judges and their respective representatives to collect, use, store and confirm information about the Applicant, provided on the Application submitted (including references) to those who need to know such information for the purposes of administering and promoting the Program. The selection committee will use the information only for the purposes of evaluating the Application.
- 5.3 All Recipients will be required to sign a Declaration and Release which will entitle Access Alliance MHCS to use the Recipient's name, city and province of residence, and photograph, without further compensation for any publicity carried out by Access Alliance MHCS with respect to the Program.
- 5.4 A Scholarship may be terminated at any time by Access Alliance MHCS, upon the occurrence of any behavior on the part of the recipient, that Access Alliance MHCS, in its sole discretion, deems inappropriate, including but not limited to any misconduct in the workplace that may result in termination "for cause".
- 5.5 All Recipients must inform themselves as to the tax consequences of receiving the Scholarship.

6. DEADLINE AND INSTRUCTION

All applications and supporting documents **must be received** no later than **April 15, 2020 by 5 pm**. No applications will be accepted after the deadline regardless of the postmark or email. Applications and correspondence should be sent by:

Mail to Attn: **NBSF Scholarship Application,**

Access Alliance Multicultural Health and Community Centre

340 College St., Suite 500. Toronto ON, M5T 3A9.

E-mail to: info@nahom.org with subject line 2020 Scholarship Application_ "Name"

NAHOM BERHANE SCHOLARSHIP APPLICATION

| PART A: STUDENT PERSONAL INFORMATION | | |
|--|---|---|
| FIRST NAME: | MIDDLE NAME: | LAST NAME: |
| HOME ADDRESS: | CITY: PROVINCE: POSTAL CODE: | HOW LONG HAVE YOU RESIDED AT THIS ADDRESS: |
| E-MAIL: | PHONE NUMBER: | DATE OF BIRTH(YEAR/MONTH/DAY): |
| LANGUAGES SPOKEN AT HOME: | HOW MANY SIBLINGS DO YOU HAVE AND WHAT IS THEIR AGE? | ARE YOU A CANADIAN CITIZENS OR A PERMANENT RESIDENCE OF CANADA? ()Yes ()No |
| CURRENTLY A (PLEASE CHECK ONE) ()SECONDARY SCHOOL/CEGEP STUDENT ()POST-SECONDARY STUDENT ()NOT IN SCHOOL | | |
| PART B: MENTOR INFORMATION | | |
| FIRST NAME: LAST NAME: | HOW LONG HAVE YOU KNOWN THE CANDIDATE? | IN WHAT CAPACITY? |
| EMAIL: PHONE NUMBER: | JOB TITLE: | AGENCY NAME: |
| PART C: SECONDARY SCHOOL INFORMATION | | |
| SCHOOL NAME: | SCHOOL PHONE NUMBER: | SCHOOL ADDRESS: CITY/PROVINCE/POSTAL CODE: COUNTRY: |
| OTHER SCHOOLS ATTENDED, ADDRESS AND YEAR ATTENDED: | | GRADUATION YEAR: |
| PLEASE LIST THE TOP 3 COLLEGES, UNIVERSITY OR TRADE SCHOOLS THAT YOU ARE CONSIDERING: 1. 2. 3. | | PLEASE LIST YOUR TOP 3 CAREER INTERESTS: 1. 2. 3. |
| PART D: CURRENT POST –SECONDARY STUDENTS ONLY | | |
| UNIVERSITY, COLLEGE, TRADE SCHOOL NAME: | SCHOOL ADDRESS: | ENROLMENT DATE: |
| PROGRAM OF STUDY: | PROGRAM LENGTH: | STUDENT NUMBER: |
| <p>Applicants have to disclose any real or perceived conflict of interest. This could include family members or relatives of Access Alliance MHCS Staff and/or, Board members, and members of the Nahom Berhane Scholarship Fund working group steering committee, fundraising committee or and application reviewing Committee on the application form. Do you have any conflict of interest as listed above?</p> <p>() YES - If yes, please be specific and include names and relationship: () NO</p> | | |

PART E: PERSONAL STATEMENT

Please list up to five things about you that will help us better understand who you are. This can include aspirations, accomplishments, family background, etc. that together paint a picture of who you are. (Max 50 words each).

- 1.

- 2.

- 3.

- 4.

- 5.

PART F: FINANCIAL STATEMENT:

Submit a written statement outlining your current financial need and how this scholarship award will address your need and help you reach your personal and academic goals. Please also state how you are trying to prepare financially for school or identify other financial resources that are available to you. (250 words)



PART G: Scholarship Budget Form

This budget template will allow you to track your income/resources (money coming in) and your expenses (money going out), to determine if you are able to meet your financial goals and obligations.

Budget (for one academic year)

| Expenses for one month | \$ | Financial Resources (For one academic year) | \$ |
|---------------------------------------|-----------------|---|-----------------|
| Rent | _____ | Savings at the beginning of school year | _____ |
| Utilities | _____ | Part-time earnings during school year | _____ |
| Telephone | _____ | Contribution of parents/family | _____ |
| Other (specify) _____ | _____ | Canada Student Loan program | _____ |
| Food | _____ | Provincial Student Loan program | _____ |
| Pers./Household supplies | _____ | Academic Awards: Bursaries | _____ |
| Transportation | _____ | Academic Awards: Scholarships | _____ |
| Medical/Dental (uninsured only) | _____ | | |
| Eye glasses/contacts (uninsured only) | _____ | | |
| Clothing | _____ | | |
| Total expenses for one month | \$ _____ | Total Financial Resources | \$ _____ |

| | | |
|--|---|--|
| <p>Total expenses for one month</p> <p style="margin-left: 20px;">\$ _____</p> | <p style="text-align: center;">Multiplied by # months in academic in a year</p> <p style="text-align: center;">\$ _____</p> | <p style="text-align: right;">\$ _____</p> |
| | <p><i>Add</i> tuition fees for one year</p> <p style="text-align: right;">\$ _____</p> | <p style="text-align: right;">\$ _____</p> |
| | <p><i>Add</i> books/equipment for one year</p> <p style="text-align: right;">\$ _____</p> | <p style="text-align: right;">\$ _____</p> |
| | <p>Total expenses</p> | <p style="text-align: right;">\$ _____</p> |
| <p>Total expenses</p> <p style="text-align: right;">\$ _____</p> | <p><i>Less</i> Total Financial Resources</p> | <p style="text-align: right;">equals \$ _____</p> |

Declaration of applicant:

I certify that to the best of my knowledge the above information is true and correct, and that I require additional funds for my studies.

Date (MM/DD/YYYY): _____

Signature: _____

PART H: COMMUNITY INVOLVEMENT ACTIVITY RECORD

Using the chart below, please tell us about your participation in community activities for the past three years. Please describe how your involvement shows leadership and inclusion and how it benefits your community (Max. 50 words for each activity).

| | | | | |
|----------|---|------------|--------------|----------------------|
| Activity | From (MM-YY) | To (MM-YY) | Hrs per week | School or community? |
| Position | Please describe your contribution (Max. 30 words) | | | |
| Activity | From (MM-YY) | To (MM-YY) | Hrs per week | School or community? |
| Position | Please describe your contribution (Max. 30 words) | | | |
| Activity | From (MM-YY) | To (MM-YY) | Hrs per week | School or community? |
| Position | Please describe your contribution (Max. 30 words) | | | |
| Activity | From (MM-YY) | To (MM-YY) | Hrs per week | School or community? |
| Position | Please describe your contribution (Max. 30 words) | | | |
| Activity | From (MM-YY) | To (MM-YY) | Hrs per week | School or community? |
| Position | Please describe your contribution (Max. 30 words) | | | |

Part I: EMPLOYMENT HISTORY – ATTACH RESUME

PART J: SPONSORSHIP LETTER (TO BE COMPLETED BY MENTOR)

Please describe your relationship with the applicant and why you feel they are the ideal candidate for the Nahom Berhane Scholarship. Please also include how you will support the applicant in the first year of their educational journey.

MENTOR NAME:

MENTOR TITLE:

EMAIL ADDRESS:

ORGANIZATION (if applicable):

PHONE NUMBER:

PART K: MENTORSHIP AGREEMENT LETTER (TO BE COMPLETED BY MENTOR AND SIGNED BY BOTH PARTIES)

Nahom Berhane Scholarship Mentoring Agreement letter

Applicant: Mentor: _____ Applicant: Student: _____

We are both voluntarily entering into this partnership. We wish this to be a rewarding experience, to support the career and social development of the student and to build a lifelong relationship with a caring adult (mentor). we agree that:

1. The mentoring relationship will last for the duration of the scholarship.
2. This relationship will be reported on each semester and if necessary, can be terminated by amicable agreement. If the relationship breaks down prior to the completion of the scholarship, the mentor must notify the Scholarship committee.
3. Student and mentor will agree on;
 - a. Meeting format (in person, by phone, social media or email),
 - b. meeting time and duration.
 - c. Minimum agenda to be covered

Meetings should be scheduled bi-monthly and all efforts should be made to adhere to the schedule. Meetings should end with an agreement on a date, time and working agenda for the next meeting.

4. The aim of the partnership is to:

| | Mentor | Student (Mentee) |
|-----------|---------------|-------------------------|
| a) | | |
| b) | | |
| c) | | |

5. We agree that the role of the mentor will be: (to be completed by the Student mentee)

6. We agree that the role of the mentee will be (to be completed by the Mentor)

7. The mentor agrees to be honest and provide constructive feedback to the mentee. The mentee agrees to be open to the feedback.

Signature: _____
Mentor

Signature: _____
Student (Mentee)

Date: _____

Date : _____

PART L: Acknowledgment and Authorization

To be considered complete, applicants need to initial and submitted the acknowledgement below.

I certify that I agree to the policies and procedures listed in this application

I certify that the above information is accurate and complete and understand that any false or incomplete information may invalidate my application.

I accept that award decisions my only be made by the Nahom Berhane Scholarship Fund Selection Committee, and are final.

I understand that scholarship funds will be only be granted to me when:
I submit all the documents included in the “Scholarship Claim Package”, and
I present proof of enrollment in a recognized Canadian post-secondary educational program for the upcoming academic year.

I agree to the public release of my name, biography and photograph should I be awarded the scholarship award.

Signature of applicant: _____

Signature of mentor: _____

Date: _____

Date: _____