

CASA Mental Health Scholarship Application

By submitting an application form, youth will be considered for all available scholarship opportunities.

Section 1 - Contact Information	
First name:	Last name:
Date of birth (mm/dd/yy):	
Telephone:	Email:
Mailing Address	
Street:	City:
Province:	Postal code:
Section 2 - About You	
I am a:	
Current CASA patient Graduate	of a CASA Program
I am enrolled in or have completed the fol	lowing CASA programs (select all that apply):
Adolescent Day Program CASA Ho	use Other:
Section 3 - Your Plans	
I am pursuing:	
Education or training Employm	ent or career ad <mark>vancement</mark>
lf you are pursuing education or training, complete advancement, complete Section 4B.	Section 4A. If you are pursuing employment or career
<mark>Section 4A - Educ</mark> ation and Trai	ning
Prior to this application I attended:	
School:	Years:
School:	Years:
Intended Program of Study:	
plan to attend: Full time Part time	
Length of academic year (in months):	
Length of entire program (in years):	
Anticipated start date (mm/dd/yy):	
Anticipated completion date (mm/dd/yy):	
Graduates of this program receive: Certificate	Diploma Degree Not Applicable

Program Institution					
Name: Location:					
Applied Conditionally Accepted Accepted					
Program Related Expenses					
Total program fees:					
Total other mandatory fees for program or training (health benefits, library card, U-Pass, etc.):					
Total mandatory supplies (textbooks, equipment, etc.):					
Total amount requested:					
Section 4B - Employment or Career Advancement					
I am (select all that apply):					
Currently employed Currently unemployed Starting an internship or apprenticeship					
Applying and interviewing for jobs Starting a new job Changing careers					
Advancing my career Other:					
Job title:					
Field or industry:					
Employment related expenses (please list items and cost estimates for each item):					
Total amount requested:					

Section 5 - Written Submission

Submit a one-page document in PDF format telling us why you think you should receive a scholarship and how it would benefit you.

Declaration and Consent

I understand that:

Funds will not be released until I have submitted receipts.

If funds have been advanced but I subsequently change my mind about my intended education or work plans, the change must be submitted to CASA Mental Health for approval.



If funds have been advanced but I decide not to pursue any form of education, learning program or employment, funds must be reimbursed in full back to CASA Mental Health.

No part of any scholarships granted by CASA Mental Health can be applied to previous debts, accounts or shortfalls.

I confirm that the information I have provided in this application is true, accurate and complete.

I agree that CASA Mental Health and scholarship committee members have full and complete decision-making power in awarding scholarships and will not provide, and are under no obligation to provide, reasons for their decisions. I also agree that the decision of the scholarships grants panel is final and not subject to appeal.

Applicant Signature:	Date:	

Application Submission

Please submit your completed application and one-page written response to:

CASA Mental Health

Attention: Manager, Philanthropy

Suite 406, 10011 109 Street

Edmonton, AB T5J 3S8

Or email it to give@casaservices.org with the subject line: CASA Scholarship.

Privacy Statement

CASA Mental Health and the scholarship committee collect personal information in a manner that recognizes both the right of an individual to have their personal information protected and CASA's need to collect, use or disclose personal information for purposes that are reasonable in fulfilling its mandate and mission.

CASA Mental Health and the scholarship committee collect and use personal information in a reasonable manner for the purpose of processing applications and awarding scholarships.

CASA Mental Health and the scholarship committee may occasionally release information to our agents whom we control and who abide by this policy. We do not release information to other fundraising organizations or commercial enterprises.

Revised February 2024

Charitable Registration: 13017 8734 RR0001

