

# JAMI OMAR STUDENT SCHOLARSHIP APPLICATION FORM

*Complete this form and mail it along with all supporting documentation to:  
Jami Omar Youth Scholarship, 3990 Old Richmond Road Ottawa, Ontario K2H 8R5  
Attention: Mokhtar ROUABHI, PhD*

*Academic scholarships are available only to students residing in Ottawa Carleton Region.*

**TYPE OR PRINT CLEARLY.**

## 1. PERSONAL INFORMATION

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## 2. EDUCATION

School or University last attended: \_\_\_\_\_  
Major (and/or Option, Minor): \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Education Institution Accepted To: \_\_\_\_\_  
Program of study Accepted To: \_\_\_\_\_

## 3. COMMUNITY VOLUNTEERING

Organization: \_\_\_\_\_  
Service performed: \_\_\_\_\_  
Number of hours: \_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Service performed: \_\_\_\_\_  
Number of hours: \_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Service performed: \_\_\_\_\_  
Number of hours: \_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 4. Include the following documentation:

1. Copy of transcript of marks showing year just completed.
2. Copy of both parents Notice of Assessment for the previous two (2) taxation years.
3. Proof of acceptance into the course of study this application is for.
4. Attach extra pages as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION DEADLINE: Aug 20, 2021**

**FORM MAY BE PHOTOCOPIED.**

*For additional information: <http://www.jamiomar.org>*

**Decisions by the Selection Committee are Final**