

Cochrane & Area Humane Society Scholarship

General Information

The Cochrane & Area Humane Society Scholarship will be awarded to qualified graduates from Cochrane and area high schools. Up to four scholarships will be awarded annually.

Each \$1000 scholarship will go towards the student's tuition at a secondary institution. Successful applicants should have recently made a significant volunteer contribution at the Cochrane & Area Humane Society (CAHS) and have an interest in pursuing a career related to human or animal care, health, medicine or education.

Deadlines

All application materials must be completed and submitted before May 31, 2026, either in person at the CAHS or via email at operations@cochranehumane.ca.

Required Documents

- Completed application form
- Application form read and signed by a teacher or other school representative and a senior CAHS staff member
- Copy of acceptance letter from a post-secondary institution

Eligibility

- Student must have attended a Cochrane or area high school for the last three years and be enrolled to graduate.
- Student must be attending a post-secondary institute and show dedication to pursuing a career in a field related to human or animal care, health, medicine, or education.
- Student must have completed meaningful volunteer hours at the Cochrane & Area Humane Society.
- Preference will be given to well-rounded students who have demonstrated participation in extracurricular activities, school sports, or part-time employment.

Amount

- \$1000 to be applied to tuition at a post-secondary institution

Describe extra-curricular activities you participated in during your time in high school (including employment, volunteering, sports, drama, music).

Describe your education and career plans as you currently see them.

This form should be read and signed by a teacher or other professional at your high school and a senior staff member at the CAHS.

School representative

Print Name _____

Relation to applicant _____

Signature _____

Phone number _____

Email: _____

CAHS Senior Staff/Volunteer Coordinator

Print Name _____ Signature _____

I, the applicant, declare that the information submitted on this application is accurate to the best of my knowledge.

Print Name _____

Signature _____ Date: _____