

**OFVGA SCHOLARSHIP**

For Children of Farmworkers Participating in the  
Seasonal Agricultural Workers' Programme (SAWP) and  
employed in the province of Ontario, Canada.

Academic Year: 2026 / 2027

Application Date :

Application No. :

**1. APPLICANT INFORMATION (STUDENT)**

Full Name :  First  Middle  Last

Date of Birth :       Gender :  Male  Female  
D D M M Y Y

School Currently Attending :

Grade/Form :  Average Attained :  Student ID :   
(Applicant should have B average and above)

**2. SAWP WORKER INFORMATION**

Full Name :  First  Middle  Last

Relationship to Applicant :  Mother  Father  Guardian Current SAWP Status :  Active  Inactive

Name of Employer (Ontario, Canada) :  Number of Continuous Years on SAWP with same Employer :  years

**3. PARENT / GUARDIAN CONTACT INFORMATION**

Full Name :  First  Middle  Last

Relationship to Applicant :  Mother  Father  Guardian

Street Address :

City :  Parish :

Telephone Number :  WhatsApp :

Email Address :

