



SCHOLARSHIP APPLICATION FORM

(Please print clearly)

Name: _____

Address: _____

Telephone No. Home: _____

Telephone No. Cell: _____

E-Mail address: _____

Date of Birth: _____

Student Number: _____

I am the child of a veteran? Yes _____ No _____

If yes:

Name _____

Relationship _____

Service Number _____

Father's Name & Occupation _____

Yearly income _____

Mother's Name & Occupation _____

Yearly income _____

Total Family Income: _____

Any siblings? _____



EDUCATION BACKGROUND

Last institute attended and year:

Name and full address, including postal code of institute you will be attending:

Institute Telephone Number:

Name or position of person at the Institute responsible for receiving Education Grants and their department:

What degree/certificate/diploma do you wish to obtain?

Will you be attending full time _____ or part time _____

Will this be your first year? Yes _____ No _____

Have you previously applied for a Bursary or Scholarship from us? _____

Is so what year did you apply? _____ Were you successful? _____

Have you applied for a student Loan or Grant? _____



Academic Record

Name of current High School _____

Years attended _____

GPA _____

(attach a copy of your transcript)

Any awards received? Is so please list

Estimated cost of one year of post secondary education

Tuition: \$ _____

Room & Board: \$ _____

Textbooks: \$ _____

Fees: \$ _____

Equipment: \$ _____

