

APPLICATION FORM
Marjorie Ranger Scholarship

Applicant's Full Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Future Program: _____

Location: _____

Confirmation of Enrollment: _____

Program Length: _____ Approximate Tuition Cost (per year): _____

The Marjorie Ranger Scholarship will be paid in the second semester.

I hereby certify that the information provided for the Marjorie Ranger Scholarship to be true and correct. The Scholarship Committee reserves the right to revoke the Marjorie Ranger Scholarship for misrepresentation by applicant.

Signature of Applicant

Date

