



## ACADEMIC SCHOLARSHIP

### APPLICANT INFORMATION

Last Name		First Name	
Address	City	Province	Postal Code
Home Phone #		E-mail	
Date of Birth (yy/mm/dd)		Social Insurance Number	

### SCHOOL INFORMATION

Name of School / Institution			
Address	City	Province	Postal Code
School / Institution Phone #		School / Institution Fax #	
Contact Person		E-mail	
Faculty / Department Applied to			

***I hereby declare that all of the information given with this application is correct and has been completed solely by me. I give full permission for the release of information from the above named school/educational institution. If I am successful, I also give permission for the publication of my name, picture and school.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)