



APPLICATION FORM

I am applying for:

MEMBER SCHOLARSHIP

DEPENDANT SCHOLARSHIP

Member Information:

Member Name: _____ Membership Number: _____

Address: _____

Telephone: _____ Email: _____

Select all of the communities that represent how you self-identify:

BIPOC LGBTQIA2+ WOMEN PEOPLE WITH DISABILITIES 55+ MEN OTHER: _____

If Applicable:

Dependant Name: _____ Dependant Membership No: _____

Dependant D.O.B (mm/dd/year): _____

Course Information:

Name of Institution: _____

Date of Course (mm/year): _____ Course of Study: _____

Address of Institution: _____

Amount of funding requested: \$ _____ Amount of other financial support: \$ _____

Do you file your taxes as an incorporated company? YES NO

If yes, please include your T2 return for your company (five years). Only required to submit the first page which includes the total and taxable income.)

Signature: _____

Date: _____