

I am applying for:  Member Scholarship  Dependant Scholarship

## Member Information

Member Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Optional) (Optional)

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

- BIPOC  People with disabilities  Women and gender-diverse individuals  
 2SLGBTQIA+  Neurodivergent  Seniors

### Dependant Information (if applicable):

Dependant Name: \_\_\_\_\_ Dependant Membership Number: \_\_\_\_\_

Dependant Date of Birth (mm/dd/yyyy) \_\_\_\_\_

## Course Information

Name of Institution: \_\_\_\_\_

Date of Course (mm/yyyy): \_\_\_\_\_ 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: \_\_\_\_\_