

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: _____

I will be applying for (check where applicable):

	Amount Per Semester	Amount Per year
<input type="checkbox"/> Course Fees		
<input type="checkbox"/> Travel		
<input type="checkbox"/> Lodging/Food		
Total Costs		

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)

Signature: _____

Date: _____