



2020 STUDENT SCHOLARSHIP CLAIM FORM

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

NAME OF POST SECONDARY INSTITUTION \_\_\_\_\_

PROGRAM AT POST SECONDARY  
INSTITUTION \_\_\_\_\_ SIN \_\_\_\_\_

HIGH SCHOOL YOU GRADUATED FROM: \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF AWARD \_\_\_\_\_ AMOUNT \_\_\_\_\_

NAME OF 2<sup>ND</sup> AWARD (if applicable) \_\_\_\_\_ AMOUNT \_\_\_\_\_

NAME OF 3<sup>RD</sup> AWARD (if applicable) \_\_\_\_\_ AMOUNT \_\_\_\_\_

TOTAL SCHOLARSHIP MONEY CLAIMED \_\_\_\_\_

LOCAL ADDRESS

C/O Parent's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

YOUR EMAIL ADDRESS \_\_\_\_\_ 2<sup>ND</sup> EMAIL ADDRESS \_\_\_\_\_

NB Donor Thank you letter: You must submit a copy of your thank you letter to your scholarship counselor by the end of June of your graduation year.

NB All personal information received by the Foundation is kept confidential, but your name may be published in local papers or on our Website.

COUNSELLOR SIGNATURE: \_\_\_\_\_

FOUNDATION SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

