

SCHOLARSHIP APPLICATION

APPLICANT'S NAME

EMAIL

PHONE

ADDRESS

PROVINCE

POSTAL CODE

PARENT'S NAME(S)

EMAIL

PHONE

ADDRESS

PROVINCE

POSTAL CODE

NAME OF UNIVERSITY/TECHNICAL INSTITUTE

NAME OF PROGRAM

LENGTH OF PROGRAM

GRADUATION YEAR

GRADE AVERAGE

PLEASE PROVIDE A BRIEF HISTORY OF YOURSELF AND WHY YOU BELIEVE SMHI SHOULD AWARD YOU A SCHOLARSHIP

SIGNATURE

DATE