



# EQUS Scholarship Application Form

## Personal information:

Alberta Student Number

\_\_\_\_\_

Last name (current full legal name)

First name and one initial (current full legal name)

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City/Town

Province

Postal Code

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender (Circle one)

Birthdate (dd/mm/yy)

Email address

Male    Female

\_\_\_\_\_

\_\_\_\_\_

Are either of your parents, or legal guardian, a member in good standing of EQUS? (Circle one)    Yes    No  
Please provide the full name and EQUS account number of the parent, or legal guardian, who is a member.

\_\_\_\_\_

## Citizenship (check one)

Canadian citizen    or     Permanent Resident (Landed Immigrant)

(Note: Landed immigrants must include a photocopy of their immigration form. Visa students are not eligible.)

## Alberta residency

Do your parents currently live in Alberta? (Circle one)    Yes    No

Did your parents live in Alberta while you were in high school? (Circle one)    Yes    No

## Proposed Post-Secondary studies

Name of institution

\_\_\_\_\_

Entry date for program

Name of program

\_\_\_\_\_

\_\_\_\_\_

**Secondary Education**

Name of High School

\_\_\_\_\_

Town/City

Province

\_\_\_\_\_

Date of completion of High School (mm/yy) \_\_\_\_\_

**Declaration of applicant:**

I have read and understand the instructions, and declare that:

- all information provided is true and complete, and I understand it is subject to audit;
- I will be a full-time student at the institution named for the period stated; and
- I will immediately notify EQUUS in writing if I withdraw from full-time studies before completing one semester of studies.

I authorize EQUUS to release my name and program of study if I receive a scholarship.

\_\_\_\_\_

Signature of Applicant (in ink)

\_\_\_\_\_

Date (in ink)