

AWARDS APPLICATION FORM
Scholarships\Bursaries (all information is strictly confidential)

List Scholarship\Bursary you are applying for: (one application per award request)

Student name: _____ Student ID No. _____

(Please Print) Township _____ County _____

Contact telephone number _____ Program: _____

Email: _____ Senior _____ Junior _____

Could you attend Kemptville Campus without assistance? _____

Are you receiving\expecting aid from another source? Yes No

If yes, from whom & how much? _____

Summer employment : Name\address of employer: _____

Have you applied for (or plan to) Ontario Student Assistance (OSAP)? _____

Give detailed reasons why you should receive aid for this Scholarship or Bursary:
(Please address specific award)

Please return this form together with your Financial Needs Assessment Form (student Budget Application) to your Awards Chair or Awards Assistance, in the Administration Building.
Please note: If you have been chosen as a recipient of a Fall award, you will be notified by email.

