

# MDEC Scholarship Fund Scholarship Application Form

Personal Data				
Last Name:		First Name:		
Male / Female	Email:			
Address:				
City:	Province:	Postal Code:		
Phone:	Fax:	Date of Birth:		
Education & Employment History				
Name and Location of Secondary School:				
Name and Location of Post-Secondary School:				
Institution	Location	Field of Study	Full/Part Time	Start Date
Name of Principal, Department Head or Equivalent : Name: _____ Signature: _____				
Employer	Location	Phone	Start Date	End Date
Current or Proposed Studies				
Accepted College or University:			Student #	
Campus:	Location:	Program Length:		
Level of Study:				
Diploma:		Bachelor Degree:		
Certificate:		Master Degree:		
Faculty/Division:			Start Date:	
Program/Degree Name:				
Most recent academic year completed:				
Declaration				
I hereby certify that the above information is true and that any false information will automatically disqualify me from eligibility for an MDEC Scholarship Fund Scholarship. I also agree to allow the MDEC Scholarship Fund to publish my name, essay, letter or portions thereof in news releases, annual reports or other material used for promotional purposes only.				
Signature:			Date:	