

PERSONAL INFORMATION

Student number:

Birthdate (mm/dd/yyyy):

Social Insurance Number:

Male

Female

Mailing address:

Citizenship:

Canadian

Landed Immigrant

Convention Refugee

City:

Postal code:

Phone number:

Program of study

Date of Graduation

Bachelor of Science in Nursing

What is your career goal?

DECLARATION

I hereby declare that the information given on this application is true and complete, to the best of my knowledge. I authorize the Financial Aid Office to verify any or all of the above statements if deemed necessary.

I understand that:

1. The Douglas College Selection Committee for Scholarships, Awards and Bursaries will review my scholarship application.
2. Should I be successful in obtaining a scholarship, information given on this application may be released to my donor.
3. Names of scholarship recipients may be published in local newspapers and college publications.

Signature of Student

Date Signed