*Please provide all requested information as failure to do so may result in application disqualification.*

*Completed applications must be submitted prior to the deadline to be considered.*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | | |
| Email |  | | |
|  | | | |
| High School | | | |
| School Name |  | | |
| Address |  | | |
| City |  | Province |  |
| Postal Code |  | | |
| Last Year Attended |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| Post Secondary Institution | | | | | |
| School Name |  | | | | |
| Address |  | | | | |
| City |  | | Province |  | |
| Postal Code |  | | | | |
| Program of Study |  | | | | |
| Length of Program |  | Requested Period of Assistance | | |  |
|  |  | | | | |
| Extra-curricular Activities / Volunteer Experience #1 | | | | | |
| Name of Institution |  | | | | |
| Period Involved |  | | | | |
| Responsibilities |  | | | | |
|  |  | | | | |
|  |  | | | | |
| Extra-curricular Activities / Volunteer Experience #2 | | | | | |
| Name of Institution |  | | | | |
| Period Involved |  | | | | |
| Responsibilities |  | | | | |
|  |  | | | | |
|  |  | | | | |
| Extra-curricular Activities / Volunteer Experience #3 | | | | | |
| Name of Institution |  | | | | |
| Period Involved |  | | | | |
| Responsibilities |  | | | | |
|  |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | | |
| Email |  | | |
| Relationship to student | |  |  |
| Period attended St. Stanislaus College | |  |  |
|  | |  |  |
| Current Association Member (Y/N) | |  |  |
|  | | | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Sponsor Name), hereby declare that all the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_