

DMR Memorial Scholarship APPLICATION FORM

Application Deadline: May 15

This application is for (check one):

Mature Student
 Master's or Graduate Program
 Doctorate Program
 Advancement Program

APPLICANT INFORMATION

Name (First Middle Last)		Preferred Pronoun (optional)
Social Insurance Number (Required for T4A)	Email Address	Phone Number
Home Address	City, Province	Postal Code
Date of Birth (dd/mm/yyyy)		Relationship to Contributing Parent(s):

CONTRIBUTING PARENT(S) INFORMATION

Name (First Last)	Email Address	Phone Number
Employer	Union/Association	Payroll Number
		Circle One: FT PT Casual LTD Retired Deceased
If applicable, 2 nd Parent Contributor Name	Union/Association	Payroll Number
		Circle One: FT PT Casual LTD Retired Deceased

EDUCATION INFORMATION

Post-Secondary Institution Name, and if outside Alberta, Address	Faculty
Student ID/Registration Number	Term Start Date (dd/mm/yyyy)
	Term End Date (dd/mm/yyyy)

REQUIRED DOCUMENTATION - COPIES NOT ORIGINALS

Ensure a complete application package by referencing the "Application Checklist" and submit following the "Final Steps" in the DMR Memorial Scholarship Guidelines.

REQUIRED SIGNATURES and OPTIONAL INITIALS

I confirm the information herein is complete and accurate. I understand the information provided by me to ECECAF about myself will be used to process this request for scholarship funding and the issuance of a T4A to the student.

Student Signature

Date

Contributing Parent(s) Signature(s)

Date

Should I be the scholarship recipient, by providing my initials, I agree to the following. Without my initials, I do not agree.

- ____ (student initials) ____ (parent(s) initials): Publication and promotion using recipient's and contributing parent's name, union/association e.g., ECECAF website, union/association website or newsletter
- ____ (student initials) ____ (parent(s) initials): Notification to the anonymous donor of the recipient, parent, and union/association (otherwise the impact statement will be redacted)