

# SCHOLARSHIP APPLICATION

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APPLICANT'S NAME

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EMAIL

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PHONE

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ADDRESS

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PROVINCE

---

POSTAL CODE

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PARENT'S NAME(S)

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EMAIL

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PHONE

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ADDRESS

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PROVINCE

---

POSTAL CODE

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NAME OF UNIVERSITY/TECHNICAL INSTITUTE

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NAME OF PROGRAM

---

LENGTH OF PROGRAM

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GRADUATION YEAR

---

GRADE AVERAGE

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PLEASE PROVIDE A BRIEF HISTORY OF YOURSELF AND WHY YOU BELIEVE SMHI SHOULD AWARD YOU A SCHOLARSHIP

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SIGNATURE

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DATE