

Student Scholarship Application Form

For International Exchange

*The information collected on this form will be protected under the
Municipal Freedom of Information and Protection of Privacy Act.*

Student Information:

PLEASE PRINT CLEARLY

Legal Name: _____				
<small>Surname</small>	<small>First Name</small>	<small>Middle Name</small>		
Preferred Name: _____				
<small>(If different from Legal Name)</small>	<small>Surname</small>	<small>First Name</small>	<small>Middle Name</small>	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: _____		
		<small>YYYY/ Month/DD</small>		
Toronto Address: _____				
<small>Street No. and Name</small>	<small>Apt. #</small>	<small>City</small>	<small>Postal Code</small>	
Mailing Address: _____				
<small>(If different from above)</small>	<small>Street No. and Name</small>	<small>Apt. #</small>	<small>City</small>	<small>Country</small>
Home Country Address: _____				
<small>(If applicable)</small>	<small>Street No. and Name</small>	<small>Apt. #</small>	<small>City</small>	<small>Country</small>
Toronto Home Phone No: _____		Cell Phone No: _____		
<small>Area Code – Phone Number</small>		<small>Area Code – Phone Number</small>		
E-Mail Address: _____				

Current School Information:

Current or Last School Attending: _____				
Last Date Attended <small>(If applicable)</small> : _____				
<small>YYYY/ Month/ DD</small>				
Ontario Education Number <small>(For current Ontario Student ONLY)</small> : _____				
School Address: _____				
<small>Street No. and Name</small>	<small>City</small>	<small>Country</small>	<small>Postal Code</small>	
School Phone Number: _____		School Fax Number: _____		

Scholarship Submission:

I wish to apply for a Laureate Scholarship for \$ _____ (up to \$3,500 Cdn.) for 1 year (4 terms includes 8 courses)	
I meet the following requirements for this scholarship starting : _____ Winter Program _____ Fall Program	
_____ a full-time at a secondary level	
_____ a one-page essay on why I should be selected for the scholarship (to be attached)	

For Office Use Only:		Date Received: _____
Student No: _____		Start Date: _____
Grade: _____	OEN: _____	Completed By: _____

Contact Information:

Primary Reference

Name: _____
Mr/Mrs/Ms Surname First Name Middle Name

Relationship to Student: Teacher/Principal/Educator Other _____

Home Phone Number: _____
Area Code – Phone Number

Business Phone Number: _____
Area Code - Phone Number

Cellular Phone Number: _____
Area Code – Phone Number

E– Mail Address: _____

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Secondary Reference

Name: _____
Mr/Mrs/Ms Surname First Name Middle Name

Relationship to Student: Teacher/Principal/Educator Other _____

Home Phone Number: _____
Area Code – Phone Number

Business Phone Number: _____
Area Code - Phone Number

Cellular Phone Number: _____
Area Code – Phone Number

E– Mail Address: _____

SCHOLARSHIP POLICY:

The scholarship is applied directly to the tuition fee of the course and will be denied if:

1. Student withdraws for any reason.
2. Student has violated any school regulations and asked to withdraw from school.

I have read, understand, agree, and accept to follow the rules and guidelines as outlined above. Further, I consent to the receipt of all e-mail communications from Trinity Theatre & Laureate College (LC) in regards to school and student information and reminders.

Signature of Student

Date: _____
YYYY/ Month/ DD

Signature of Parent (if student is under 18 years of age)

Date: _____
YYYY/ Month/ DD