

## 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: \_\_\_\_\_  
Surname First Name Middle Name

Preferred Name: \_\_\_\_\_  
(If different from Legal Name) Surname First Name Middle Name

Male ☐ Female ☐

Date of Birth: \_\_\_\_\_  
YYYY / MM / DD

Toronto Address: \_\_\_\_\_  
Street No. and Name Apt. # City Postal Code

Mailing Address: \_\_\_\_\_  
(If different from above) Street No. and Name Apt. # City Country Postal Code

Home Country Address: \_\_\_\_\_  
(If applicable) Street No. and Name Apt. # City Country Postal Code

Toronto Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_  
Area Code – Phone Number Area Code – Phone Number

E-Mail Address: \_\_\_\_\_

#### Current School Information:

Current or Last School Attending: \_\_\_\_\_

Last Date Attended (If applicable): \_\_\_\_\_  
YYYY / MM / DD

Ontario Education Number (For current Ontario Student ONLY): \_\_\_\_\_

School Address: \_\_\_\_\_  
Street No. and Name City Country Postal Code

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

#### Scholarship Submission:

I wish to apply for a Laureate Scholarship for one school year as a full-time secondary student (four terms, including 8 courses) starting: ☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4

In the amount of \_\_\_\_\_. A one-page essay on “why I should be selected for the scholarship” is attached and two references’ contact information is provided as required for the scholarship committee’s consideration.

**Contact Information:**

**Primary Reference**

Name: \_\_\_\_\_  
Mr/Mrs/Ms      Surname      First Name      Middle Name

Relationship to Student: ☐Teacher    ☐Principal    ☐Educator    ☐Other \_\_\_\_\_

Home Phone Number: \_\_\_\_\_      Business Phone Number: \_\_\_\_\_  
Area Code – Phone Number      Area Code - Phone Number

Cellular Phone Number: \_\_\_\_\_      E– Mail Address: \_\_\_\_\_  
Area Code – Phone Number

**Secondary Reference**

Name: \_\_\_\_\_  
Mr/Mrs/Ms      Surname      First Name      Middle Name

Relationship to Student: ☐Teacher    ☐Principal    ☐Educator    ☐Other \_\_\_\_\_

Home Phone Number: \_\_\_\_\_      Business Phone Number: \_\_\_\_\_  
Area Code – Phone Number      Area Code - Phone Number

Cellular Phone Number: \_\_\_\_\_      E– Mail Address: \_\_\_\_\_  
Area Code – Phone Number

**SCHOLARSHIP POLICY:**

The scholarship is applied directly to the tuition fee of the enrollment year 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 my current school and Laureate College (LC) in regard to school and student information and reminders.**

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_  
YYYY/MM / DD

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

Date: \_\_\_\_\_  
YYYY/MM / DD