

Scholarship Application Form

*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

Home 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 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 regards 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