

# SCHOLARSHIPS APPLICATION FORM

## INSTRUCTIONS :

- Complete and sign this form and attach a copy of your parents' 2017 Notice of Assessment
- Submit a cover letter
- Return to [stephanie.girouard@afs.org](mailto:stephanie.girouard@afs.org)



First name and last name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ No: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone number (home): \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_ School's name: \_\_\_\_\_

Name of father or guardian: \_\_\_\_\_ Name of mother or guardian: \_\_\_\_\_

Name and age of siblings living in the house: \_\_\_\_\_

How did you hear about AFS? \_\_\_\_\_

**You wish to make a request for:**

*several possible choices according to the conditions of combination*

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> 10 lives changed          | <input type="checkbox"/> regular scholarship | <input type="checkbox"/> adventurer |
| <input type="checkbox"/> Barrett Family Foundation | <input type="checkbox"/> AFS Centennial      |                                     |

I certify that the above information is correct

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

*We will contact you once the preliminary analysis of your application has been completed in order to confirm or not your eligibility for this scholarship.*