

FORM - FULL SCHOLARSHIP

Program for 15 to 18 years old

INSTRUCTIONS :

- Complete and sign this form and attach a copy of your parents' 2019 Notice of Assessment
- Submit a cover letter
- Return to stephanie.girouard@afs.org



First name and last name: _____ Gender: ☐ F ☐ M 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? _____

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.