CAPTAIN (N) WILLIAM WILSON SCHOLARSHIP APPLICATION FORM

PLEASE PRINT - ALL BLANK SPACES MUST BE ANSWERED OR AN APPROPRIATE REASON GIVEN.

Surname		Given Names		
Address:				
	Apt. No./ House #	Street	City/Town	Postal Code
Telephone	ə:			
Date of Bi	rth (mmddyyyy):			
Marital/Co	ommon Law Status:			
Education	Information			
Degree o	or Diploma Sought:			
Registere	d at			
		(Post-secondary Institution name)		
Year (e	.g., first, second, etc.)	_		
	entering post-seconda n which you graduated:	ry education for the first time	e, please indicate fron	n which high schoo
				_1
	Name of High School	City/Town, Province	Year of graduation	

Please provide details of your eligibility to apply for this bursary (if space below is insufficient, please use a separate sheet and attach to this application).
Please provide a brief biography for yourself. Tell us what you have done in your life to date; such as your involvement in sports, citizenship, school, community, etc. (if space below is insufficient, please use a separate sheet and attach to this application).
I HEREBY CERTIFY that the preceding information given by me is complete and true in all respects.
DATE SIGNATURE

All Applications Must Be Signed

NOTE: The information provided on this application form will be treated as confidential.