

UBCP/ACTRA Scholarship Application (Dependant)

Member Information (Please print clearly):

Member Name: _____ Membership Number: _____

Dependant Name: _____

Address: _____

Telephone: _____ Cel: _____

Do you file your taxes as an incorporated company? YES NO

If yes, please include your T2 return for your company (five years)

Course of Study:

Name of Institution: _____ Name of Course of Study: _____

Address of Institution: _____

Full description of course of study:

Attach additional pages if necessary

Amount of scholarship you are applying for: \$ _____

I will be applying for travel costs:

Yes No

Costs:

	Per Semester	Per year
Tuition Fees		
Travel		
Lodging/Food		
Total Costs		

Supporting information checklist (please provide all of the following):

- Curriculum Vitae/Resume
- Copy of Dependant's Birth Certificate
- Applicants Notices of Assessment from CRA (five years)
- Statement of any other financial support being provided for this course of study
- Proof of tuition cost
- Proof of acceptance into course
- Essay or Video

Amount of other financial support you are receiving: \$ _____

Signature: _____ Date: _____