

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
- Member's Notices of Assessment from CRA (last 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: \$ \_\_\_\_\_

Member  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_