

Application Form

DEPENDENT INFORMATION (STUDENT)		
First Name:		
Name:		
Date of Birth		
Address:		
Telephone Number:		
Secondary school graduated from:		
Secondary school address and phone number:		
Graduation date:		
Post-secondary institution attended:		
Post-secondary full time program attended:		
SPONSOR INFORMATION (CAFL MEMBER)		
First Name:		
Name:		
Address:		
Telephone Number Home:		
Telephone Number Work:		
For The Use OF The CAFL Executive Committee Only		
CAFL Membership paid up?	YES	NO
Application Date: (Refer to Post Mark on Letter)		
Copy of High School Diploma:	YES	NO
Copy of Post Secondary Institution's Acceptance Letter	YES	NO
Copy of post secondary institution's registration fee receipt	YES	NO

I certify that, to the best of my knowledge, the above information is accurate and complete. In the event that I receive the scholarship, I grant authority to publish my name as the recipient of the scholarship for publicity purposes.

Signature of Applicant: _____ Date: _____

Signature of CAFL Member: _____ Date: _____

Forward application and supporting documents no later than 31 January of the current year to:
CAFL Family Scholarship, Minto Place Postal Outlet, PO Box 56069, 407 Laurier Ave
Ottawa, ON, K1R 7Z1