

## Scholarship Program

## **Application Form**

Please indicate which Scholarship you are applying for:	·			
Villa Charities Graduate Student Scholarship				
General Information				
First Name:	Middle Name:			
Last Name:				
Email:				
Home Address Number/Street/Apt	· . 			
City:	Province:		Postal Code:	
Date of Birth (MM/DD/YY):				
Languages spoken/written: Englis	h French	Italian 🗌	Other (please specify)	
Are you a Canadian citizen or have	permanent-resid	lent status?	YES NO	
Have you received other financial a	assistance for the	2021/2022 :	school year? YES NO	
If YES, Amount:		Source of f	unding:	
Education Information				
Name of Post-Secondary institutio Please include proof of admission and/or re	N: gistration			
Address of institution:				
Department/Faculty:				
Major:				
What program year will you be in, first (Graduate program only) Second	fall 2021? ond Third	Fourth		
Expected degree and graduation of	late:			
What is your cumulative grade poil	nt average (GPA) f	rom the pas	st two semesters?	







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## **Supplemental Question**

honour Italian culture and herit	mission is to enrich lives throu age. In what way have you co e provide examples of your ex a positive impact on your Italia	ngh experiences and services that ontributed to the Italian Canadian extra curricular, volunteer, or work
How did you hear about the Vi	lla Charities Scholarship?	
Villa Charities (Social Media, Newsle	etter, Website)	Word of Mouth
Yconic.com	Universities.com	SchoolFinder.com
ScholarshipsCanada.com  Other (please specify)	StudyinCanada.com	Universityaffairs.ca
Do you agree to receive email r	newsletters from Villa Charitie	es? YES NO
I, undersigned, do hereby declare that and complete, and that the supporting		e accompanying documentation is true, accurate opriate authorities.
Name:		Date:
Circonture		(MM/DD/YY)
Signature:		
Name and Photo Con	sent and Release Fo	rm
	me in their publications, advertising o	nd their affiliates, to use my image and likeness or other media activities (including the Internet).
<ul><li>b) Permission to use my name, acader</li><li>c) Permission to use quotes from the ireproduction(s) of me, and/or record</li></ul>	mic institution and program, year of ginterview(s) (or excerpts of such quording of my voice, in part or in whole	eo reproduction of me and/or record my voice; graduation; and ites), the film, photograph(s), tape(s) or , in its publications, in newspapers, magazines and ne Internet), in theatrical media and/or in mailings
Name:		
Signature:		
		(MM/DD/YY)



