



## **CREPA SCHOLARSHIP APPLICATION**

### APPLICANT INFORMATION

Member's Name: \_\_\_\_\_

CREPA Member's #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date you graduated Grade 12: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address & Phone #: \_\_\_\_\_

Name of School Principal: \_\_\_\_\_

Name of post-secondary institution you are admitted in 2023:

\_\_\_\_\_

Faculty: \_\_\_\_\_

Number of courses you registered this fall: \_\_\_\_\_

### DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I hereby declare that the information in this application is, to the best of my knowledge, correct and complete.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant