

Emmanuel Church Education Award Application

Personal Information

Legal Name: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

Social Insurance Number: _____ Date of Application: _____

Are you a member of our church? (Yes/No) _____

Are your parents members of our church? (Yes/No) _____

(Only applicable if you are a dependent)

Education Information

Name of school you will be attending: _____

Mailing address of school: _____

Year/Grade enrolled in: _____ Expected Graduation date (mth/yr): _____

Will you be attending: Full-Time: _____ Part-Time: _____ Other (Please specify): _____

Indicate which award you are applying for:

_____ \$400 (Secondary School) _____ \$750 (Post-Secondary)

Have you received an education award from Emmanuel Church before?(Yes/No) _____

If Yes, please indicate the amounts and years you received an award:

I, _____, acknowledge that if I am selected for this award, a
(name of applicant)
cheque for the awarded amount, will be presented upon proof of my registration to

_____.
(name of school/college)

(date)

(signature of applicant)

Return completed form to the Formation Committee Chairperson