QIA Scholarship Application Form

Student Full Name (First, Last) _____

Maiden Name (if applicable) _____

Date of Birth _____ Nunavut Agreement Enrolment Number _____

Name of Post-Secondary Institution _____

Location of Institution _____

Name of Program of Studies _____ Length of Study Program _____

Current Year of Enrolment _____

Academic Year Start Date _____ Academic Year End Date _____

Contact Information

Mailing Address _____

Home Community _____

Email _____

Home telephone _____Cell number _____

QIA reserves the right to change the terms of the QIA Scholarship, including withholding or denying funds to any Student where it so determines, in its sole discretion.

By signing this Application Form, the Student below promises the information provided for the QIA Scholarship is true and complete to the best of their knowledge.

_____ _____ _____

Signature Print Name Date

Remember to include a copy of your notice of acceptance from your school when you submit this application form!