

# Section Scholarship Application



## Contact Information

Name	
Street Address	
City, Prov, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Social Insurance Number	
SPE Membership #	

## Academic Information

University/College:

Program of Study:

Program Term:

Current year of study:

Average GPA:

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	