

Signature

## Application for **S C H O L A R S H I P**All categories except company/supplier membership

□ * Deadline for application: January 15, 2026				
Personal Information				
Last name:	First I	First Name:		
Address:				
City: Provi	nce:	Coun	try: F	Postal Code:
Gender: F M				
Telephone:				
E-mail:				
	gh School asters	College Other:	□Univer	
<ul> <li>Career plan for the next 5 year</li> <li>Proof of registration to an earn</li> <li>Any other documents that reducation Project</li> </ul>	eligible course a may be relevant	ind of acceptai in support of y	our candidacy.	onal institution;
Educational Institution:	Program Administrator:			
Address of the institution:		Due sure de une	#: (l)	
Program:			tion (hours):	
Start date:  Diploma: Certificate	Attestation	End date:		
Scholarship Fees:	Allesialion	Additional fee		
Will you receive other financial suppor	_	olf Club te the type:	Government	☐ Other
I certify that the information provide authorize the QGSA Committee to ver			d exact to the bes	t of my knowledge and

Date