## **CANADA ICELAND FOUNDATION**

## **Scholarship Application Form**

Name:	Date
Address:	Phone No
	Postal Code:
Permanent Mailing Address:	
E-mail address:	
Date of Birth:	
High School attended:	
Date of Graduation:	
University or College enrolled in:	
(Year in Programme - ie 1 <sup>st</sup> , 2 <sup>nd</sup> , etc)	
University Degrees awarded (with year)_	
Profession or occupation in view	
(Important)	
	Manitoba, will you be registering for a course in the erature? Please check: YES; NO
Awards Received (Current Year; Amount	s)
Awards Applied for (Current Year)	
×	

You need send only this application to be considered for all scholarships administered by Canada Iceland Foundation for which you qualify.

Name	Position

Please also attach photocopies of marks statements and personal letter outlining any special circumstances addressing the requirements of a particular scholarship.

## Privacy matters:

By signing below I agree to this application being copied and examined by the members of the scholarship committee of Canada Iceland Foundation Inc. and the board of Canada Iceland Foundation Inc. If I am granted a scholarship pursuant to this application, my name, city or town of residence (but not, except as mentioned below, my address, other than e-mail address) may be delivered to the news media and my name and address may be kept on record by Canada Iceland Foundation Inc. as a scholarship recipient. I understand that if I am granted a scholarship I will be asked to provide a brief biographical sketch and a photograph of myself for the purpose of publication and I agree to do so. If the donor of a scholarship I have been awarded requests my mailing address, it may be disclosed to the donor.

Applicant Signature

Email: scholarship@canadaicelandfoundation.ca

MAIL TO:

Canada Iceland Foundation, Inc. c/o 108 - 94 First Avenue Gimli, MB R0C 1B1