



# TECHNICAL PROFESSIONAL STUDIES SCHOLARSHIP Application Form

## Name of Applicant:

Please enter the start and end dates for the semester/year for which you are applying for the scholarship.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

College/university/technical school you are attending: \_\_\_\_\_

Program name: \_\_\_\_\_

Full address of institution: \_\_\_\_\_

**1. Please provide a copy of your Confirmation of Enrollment to a full-time college/university/technical school.**

## 2. Personal Information

Date of birth: \_\_\_\_\_ SIN # \_\_\_\_\_

Full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Community you are from: \_\_\_\_\_

Are you a beneficiary? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consent to the use of your name to advertise this program? Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Nunavut Health Card \_\_\_\_\_

**3. Please provide a one page double-spaced cover letter explaining why you qualify for this scholarship.**

E-mail your application or any questions to [cgshr@gov.nu.ca](mailto:cgshr@gov.nu.ca)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The contents of your submission will remain confidential**