

Application Form

ACLS Foundation Geomatics Scholarship Program

First Name:					
Sur	name:	Dr.	Mr.	Ms.	Mrs
Inst	itution:				
Арр	olicant's Address:				
Mu	nicipality:	_ Prov./Terr.:	Post	al Code: _	
	: ()Fax: ()				
	w did you hear about the scholarship progr My institution Career Fair Friend Family Social Media Other (Please specify)			e applyin	g for the
_,	scholarship targeted to		•		9 101 1110
Are	you an aboriginal person? Yes	No			
The	application form requires the following d	ocuments to be a	tached.		
	Sealed official transcripts of all post-seco grades received).	ondary education ((courses c	ompleted	and
	Proof of Canadian Citizenship or landed in C.V. or resume, summarizing education, petc.	•	, commun	ity involv	ement,
	A letter detailing the career plan and why scholarship.	the candidate she	ould be av	warded a	
	•	geted for Aborig	inal stude	nts, please	provide

Important

Please keep copies of your application and all documentation, as they will not be returned to you. Personal information will not be made available to others outside the organization. The decision of the ACLS Foundation is final.

Tel: (613) 723-9200, Fax: (613) 723-5558 e-mail: admin@acls-aatc.ca, www.acls-aatc.ca