|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applicant** | | **Surname** | | | | | **Given Name** | |
|  | | | | |  | |
| **Home**  **Address** | **Street** | | **City** | | | | **Province** | **Postal Code** |
|  | |  | | | |  |  |
| **Phone Number** | | | | | | | **Applicant Email Address** | |
|  | | | | | | |  | |
| **Canadian Post-Secondary Institution (Name)** | | | | | | | **(Location)** | |
|  | | | | | | |  | |
| (Note: Proof of enrollment in a Canadian medical school is required. Please attach screen shot of student record with term dates.) | | | | | | | | |
| **Academic Year (Begin Date mm/dd/yyyy)** | | | | | | | **(End Date mm/dd/yyyy)** | |
|  | | | | | | |  | |
| **Program Length (Years)** | | | | | | | **Year of Program Currently Entering (1st, 2nd, 3rd, 4th)** | |
|  | | | | | | |  | |
| **Cover Letter (Please attach a written statement substantiating each of the criteria of the Scholarship)** | | | | | | | | |
| **If you are a successful recipient, you will be required to:**   * **provide your school student account number for the direct deposit of funds;** * **provide your social insurance number so that we may issue the required T4A form; and** * **write a letter of acknowledgment to the donor** | | | | | | | | |
| **Applicant Signature** | | | | | **Date** | | | |
| **Parish Name:** | | | | | **Parish Email:** | | | |
| **Parish Address:** | | | | | **Pastor Name:** | | | |
| **Pastor Signature** | | | |  | | **Date** | | |

Aqueduct Foundation wishes to acknowledge the tremendous assistance of the Catholic Diocese of Hamilton in administering this scholarship. [www.aqueductfoundation.ca](http://www.aqueductfoundation.ca) 1-888-723-1122