



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

Signature: _____

Date: _____

The contents of your submission will remain confidential