

Personal information:			
Alberta Student Number		Social Insurance Number ———— First name and one initial (current full legal name)	
Last name (current full legal name)			
Mailing Address			
City/Town	Province	Postal Code	Phone Number
Birthdate (dd/mm/yyyy)		Email address	
Are you, a parent, or your legal guar Please provide the EQUS account n parent or guardian to whom the ac	umber under whi	ch you are applying al	long with the full name of the
Citizenship (check one)			
☐ Canadian citizen or ☐ (Note: Landed immigrants must include the control of the		Resident (Landed Immeir immeir immigration form. Vi	· ·
Alberta residency			
Do you and/or your parents/guardi	-		

Secondary Education		
Name of High School		
Town/City		Province
Date of completion of High S	ichool (mm/yy)	
Post-Secondary Studies		
Name of institution		
Entry date for program	Name of program	
Declaration of applican	t:	
all inforrI have noI will beI will imr	ot received scholarship funding fror a full-time student at the institutior	te, and I understand it is subject to audit; m EQUS in the past;
I authorize EQUS to I	release my name and program of st	udy if I receive a scholarship.
Signature	of Applicant (in ink)	Date (in ink)