

Personal information:			
Alberta Student Number			
Last name (current full legal name)	First	name and one initial	(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	dian, a member	in good standing of EC	QUS? (Circle one) Yes No
Please provide the EQUS account nu parent or guardian to whom the account nu			_
Citizenship (check one)			
☐ Canadian citizen or ☐ (Note: Landed immigrants must include		Resident (Landed Imm eir immigration form. Vis	
Alberta residency			
Do you and/or your parents/guardia	•	•	

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