

P.O. Box 51056 Billberry Village Ottawa K1E 3W4, Ontario Telephone: (613) 824-8606 Email: info@errolbarroweducationfund.com

http://www.errolbarroweducationfund.com/

APPLICATION FORM FOR AN AWARD OF FINANCIAL ASSISTANCE FROM THE ERROL BARROW MEMORIAL TRUST OF CANADA

IMPORTANT NOTE: Please read the Application & Assessment webpages before completing this Form.

(www.errolbarroweducationfund.com/)

This is a fillable pdf form

Name:	
Email Address:	
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Date of Birth:	
Country of Origin:	
Education (Please indi	icate status and number of years of study):
Elementary:	
High School:	
University/College:	
Other Training:	
Work Experience:	
(Use additional paper if necessary)	

What will be your field	of study?
At which academic ins	titution will you pursue your studies?
How long will your prog	gram of studies/research last?
Budget: How do you	plan to finance your studies (this year only)?
What is the cost of t	uition for one year (\$CDN)?
Please indicate app	roximate amounts expected from the following sources (convert to \$CDN)
Savings Relatives	Part-time Work Loans
Amount requested	from the Errol Barrow Memorial Trust:
How did you hear abou	ut the Errol Barrow Memorial Truet?
now did you near abou	ut the Errol Barrow Memorial Trust?
Have you previously a	pplied to the Errol Barrow Memorial Trust?
Please note that your	complete application requires the following additional submissions
Proof of A	Ancestry (e.g., copy of Passport, birth certificate)
An interin	n or final official transcript (to be sent by the institution)
Proof of a	admission to the institution offering the program you wish to pursue
Your state	ement of 500-750 words (see Application Procedure)
Two lette	rs of recommendation (to be sent by the referees)
Kindly submit all docur	ments:
By Email:	<u>awards@errolbarroweducationfund.com</u> (recommended)
By Post:	Awards Assessment Officer
	Errol Barrow Memorial Trust
	P.O. Box 51056 Bilberry Village

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