

Niagara College Suwon

APPLICATION

SCHOLARSHIP NAME:

NC Suwon Friends and Family Scholarship

VALUE:

\$500

DEADLINE:

First Day of Term 1

SCHOLARSHIP REQUIREMENTS**Program Requirements:** Niagara College Suwon English for Academic Preparation program**Additional Requirements:** Student who is related to teachers or administrative personnel at the University of Suwon or Niagara College Suwon and has been admitted to NC Suwon's English for Academic Preparation program for the upcoming school year.**Students with agents don't qualify***YOUR APPLICATION MUST INCLUDE:**

1. Proof of relation to employee.
2. Completed application form before the first day of classes

PERSONAL INFORMATION Mr. Mrs. Ms. Miss

Date of Birth:

YEAR | MONTH | DAY

 Male Female

Name of Employee: _____

Relation: _____

Family (Last) Name: _____

Given (First) Name(s): _____

Current Address: _____

City: _____

Province: _____

Postal Code: _____

Phone #: COUNTRY CODE: _____

Email: _____

Country of Citizenship: _____

Languages Spoken: _____

ACADEMIC INFORMATION

Applying for the following program(s): _____

Start term (Preferred): January September

Start Date:

YEAR | MONTH | DAY

End Date:

YEAR | MONTH | DAY

Have you Graduated from NC Suwon?

 Yes No

Score: _____

I agree to the following: I hereby make an application for an award, and I declare that the information on this form is complete and true to the best of my knowledge and belief. The personal information on this form is collected under the legal authority of the Colleges & Universities Act, R.S.P. 1990, Reg. 770. The information is being collected for the purposes of selection and publication of recipients of the scholarships and bursaries administered through Niagara College. If appropriate, this information will be submitted to Revenue Canada via T4A slips. I understand that: the Niagara College Award Committee decisions are final and that the College Awards Committee reserves the right to refuse assistance to any applicant who has knowingly made false statements on his/her application.

I have read the above statement and hereby authorize the release of information contained herein, excluding my personal financial statement, to the Donors of Niagara College, the Niagara College website, newsletters and other publicity material.

SIGNATURE OF STUDENT:

YEAR | MONTH | DAY

TO APPLY**PLEASE RETURN THIS APPLICATION AND ATTACHMENTS TO:**

NC Suwon, 17 Wauan-gil (San 2-2 Wau-ri), Bongdam-eup, Hwaseong-si, Gyeonggi-do, South Korea
Email: ncsuwon@niagaracollege.ca