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ARMENIAN CULTURAL ASSOCIATION OF B.C.

A.C.A. SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION:

Name:	Last Name:	First name:	
Name of your father:	Last Name:	First name:	
Name of your mother:	Last Name:	First name:	
Ethnic origin of father:			
Ethnic origin of mother:			
Social Insurance Number:	Student Number:		
Mailing Address:	Street Address:		
	City, Province:	Postal Code:	
Telephone Numbers:	Home:	Work:	Cellular:
Date of Birth: (Day, Month, Year)			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married, Common-Law <input type="checkbox"/> Separated, Divorced/Widowed		
Do you have dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Citizenship:	<input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student Visa		
Languages Spoken:	1.	2.	3.
Languages Written:	1.	2.	3.
Have you received a scholarship form from the ACA of BC before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which year(s)?			

ACADEMIC INFORMATION:

Institution you will attend in current year (Name and location):	
Faculty in which you will register in current year:	
Describe the reason(s) you chose this field of study:	
Year of study for which you will register in current year:	
Are you a full or part time student? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Number of courses for which you will register:
Expected date of graduation:	Expected Degree/Diploma:
Last two educational institutions you attended:	
1. Name and location of institution: _____ Dates of attendance: _____	
2. Name and location of institution: _____ Dates of attendance: _____	
Name and location of last secondary school attended: _____	
Dates of attendance: _____	

Note: Please attach originals of your transcript(s) of grades for the past two years.



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EMPLOYMENT HISTORY:

List your past and current employers:

Name of Employer	Job Title	Start Date	End Date	Total Gross Income

Do you expect to work during the academic year? Yes No

If yes, what is your expected monthly wage? \$ _____

FINANCIAL INFORMATION:

Have you submitted/will you submit an application for a Canada Student Loan for the current school year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received/will you receive a bursary, scholarship or grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source: _____ Amount: _____
Where will you be living during the academic year? <input type="checkbox"/> Parents <input type="checkbox"/> Own home <input type="checkbox"/> Rented accommodation <input type="checkbox"/> University residence <input type="checkbox"/> Other		
Do you own a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the estimated value?

Estimated Expenses for Academic Year	Amount (\$)
Tuition fees	
Books, Instruments, Supplies	
Rent or Mortgage Payments	
Food	
Transportation	
Clothing	
Medical/Dental	
Miscellaneous	
Total Expenses	

Estimated Resources Available for Academic Year	Amount (\$)
Currant Bank Balance	
Expected Income during year	
Canada Student Loan	
Other loan	
Bursary or, scholarship awarded	
Financial Assistance from parents	
Net income of spouse (If married)	
Other source of income	
Total Resources	

Give a brief summary of your hobbies and/or skills, and of your interest and specific participation in school, community, college, church, or sports team activities.
(If additional space is required, write on the back of this sheet)



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List your membership and/or participation in Armenian organizations.

Describe your involvement and/or activities in the Armenian community of British Columbia.

Declaration to be completed by all applicants:

I hereby declare that the information I have provided in this application is correct and complete, to the best of my knowledge.

Signature of Applicant

Date