

Scholarship of Honour

Canadian Forces Member Application

Student Service Centre
1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

The Government of Saskatchewan created the Scholarship of Honour to recognize Canadian Forces soldiers (Regular and Reserve) who actively served in designated military operations since January 2001. The Scholarship is also available to family members (spouse and children) of fallen or disabled soldiers.

The Scholarship provides a one-time award of \$5,000 to the soldier and each family member.

Eligibility

To be eligible, the applicant must be:

1. Enroled* in a post-secondary institution anywhere in Canada with a program of study start date on or after March 2, 2009; **and**
2. A returning soldier who:
 - a. Actively served in a designated military operation in the Canadian Forces (Regular or Reserves) after September 2001; **and**
 - b. Currently resides or has previously resided in Saskatchewan for six consecutive months.

*The applicant must be enroled in a post-secondary institution in a program of study that leads to an academic credential (i.e., certificate, diploma or degree) and is at least 12 weeks in length.

How to Apply

The following information must be included with your application:

- Documentation verifying military service dates and designated operation (i.e., Member's Personnel Record Resume);
- Confirmation of Enrolment form signed by the post-secondary institution you are attending (and completed within 30 days of start date of the course of study); and
- Direct Deposit form containing banking information.

Applications must be received before the end of the program of study. Applicants who have already graduated from a program in the past do not qualify for the scholarship. A tax (T4A) will be issued for income tax purposes.

Please submit your application and required documents to:

Ministry of Advanced Education Student Service Centre
1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3

Personal Information

Name: _____
Last Name First Name Middle Initial

Social Insurance Number (SIN): _____ Date of Birth (dd/mmm/yyyy): _____

Preferred Title: Mr. Mrs. Ms. Miss

Address:

Apt No.	Street/Box No.	City/Town	Province	Postal Code
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Daytime Telephone No.: _____ Mobile No.: _____

Email Address: _____

Member Information

Member Service Number (SN): _____

Designated Operation: _____

Operation Start Date (dd/mmm/yyyy): _____ Operation End Date (dd/mmm/yyyy): _____

I currently reside or have previously resided in Saskatchewan for six consecutive months

Start Date (dd/mmm/yyyy): _____ End Date: (dd/mmm/yyyy): _____

Post-Secondary Education Information

Name of Institution: _____

School Address:

Street/Box No.	City/Town	Province	Postal Code
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Telephone No.: _____

Program Name: _____

Program Type: Journeyperson 3 Year Bachelor/Undergraduate Degree
 1 Year Certificate/Diploma 4 Year Bachelor/Undergraduate Degree
 2 Year Certificate/Diploma Masters/Ph.D.

Program Start Date (dd/mmm/yyyy): _____ Program End Date (dd/mmm/yyyy): _____

Declaration, Consent, and Authorization

I declare that I have resided in Saskatchewan for six consecutive months and that the information I have provided for this application, is to the best of my knowledge, correct and complete, and I understand that this information will be used to determine my eligibility for the Scholarship of Honour.

I consent and authorize the Canadian Forces and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act*), for the purpose of assessing my eligibility for the Scholarship of Honour.

I consent and authorize my educational institution and the Saskatchewan Ministry of Advanced Education to disclose and release to each other, any information or documents (including any personal information as defined in *The Freedom of Information and Protection of Privacy Act*) for the purpose of assessing my eligibility for the Scholarship of Honour.

I understand and consent to my personal information (as defined in *The Freedom of Information and Protection of Privacy Act*) and any personal health information (as defined in *The Health Information Protection Act*) being stored by the Government of Saskatchewan and used for the administration, research and evaluation of the Scholarship of Honour program.

X _____
Signature of Canadian Forces Member Applicant

Date