

Application Form

CANADIAN MILITARY COLLEGES FACULTY ASSOCIATION

SCHOLARSHIP AWARD

TO DEPENDANT(S) OF A FACULTY ASSOCIATION MEMBER

TO ATTEND A POST-SECONDARY EDUCATIONAL INSTITUTION

A P P L I C A T I O N F O R M

Section A - STUDENT INFORMATION

| | |
|-------------------------------------|--|
| Surname: | Given Name: |
| Full address including postal code: | |
| Phone #: | Email (required in order to confirm receipt of application): |

| | |
|----------------|--|
| Date of Birth: | Name of Post-Secondary Institution and Program of Study: |
|----------------|--|

I hereby certify that all information provided on this application form and in all the documents accompanying it is true, accurate and complete. I agree to notify the CMCFA in writing of changes to enrolment resulting from a reduced course load or withdrawal.

Signature of Student Applicant: _____ Date: _____

Section B - CMCF A Member Information

| | |
|--|---------------------|
| Surname: | Given Name: |
| Relationship of Applicant to Faculty Member: | Faculty/Department: |
| Beginning Date of Employment with RMCC: | |

The foregoing statements relating to the student named in Section "A" are true and accurate. The aforementioned student is my dependant, as defined by the scholarship plan terms and eligibility criteria.

Signature of CMCF A Member: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION FORM WITH SUPPORTING DOCUMENTATION TO:

Canadian Military Colleges Faculty Association

120 Clarence St.

PO Box 577, Kingston Main

Kingston ON K7K 7B4

Remember, the deadline is 10 April 2026