



Educational Assistance (EA) Grant Application Form

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
Are you a Canadian citizen/Permanent Resident	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to study in Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Which grant are you applying for	UEG <input type="checkbox"/>	For the academic year Year/month	
Will you be enrolled as a full-time student in the next academic year?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, explain	
Name of University: Program of Study:			Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
Are you a registered member of HOP	YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, explain	
Are your parents tithing members of HOP	YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, explain	

EDUCATION INFORMATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, what year are you in 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, what year are you in 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>

REFERENCES	
<i>Please list three references (two academic references from your present school and one reference from church (preferable a department head))</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

FOR OFFICE USE ONLY

TAG Applicants: Official Transcripts Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>	References Checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>
UEG Applicants: Copy of Admission Letter Provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Eligibility Requirements Met YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO, please explain					
Grant Approved YES <input type="checkbox"/> NO <input type="checkbox"/>			Amount Approved \$		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to the issue of a grant, I understand that false or misleading information in my application or interview may result in the grant being withdrawn or a refund request by the church.

Signature	Date
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