

SCHOLARSHIP APPLICATION

SCHOLARSHIP NAME:

Turkey Scholarship

VALUE:

\$2,000*

DEADLINE:

First Day of Term 1

SCHOLARSHIP REQUIREMENTS**Program Requirements:** Any academic program**Additional Requirements:** International student who is a resident of Turkey and has been admitted to an academic program for the upcoming school year.**\$1,000 to be awarded in semester 1, and additional \$1,000 in semester 2 if the student maintains an 80% average.***Note:** Students applying for Entrance Scholarships are only eligible for one Entrance Scholarship per term.**YOUR APPLICATION MUST INCLUDE:**

1. Your most recent transcript
2. Proof of English Proficiency (if applicable)
3. Completed application form before the first day of classes

PERSONAL INFORMATION
 Mr. Mrs. Ms. Miss

Date of Birth:

 | | |
 YEAR MONTH DAY

 Male Female

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 taken the **Test of English as a Foreign Language (TOEFL)**? 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:**STUDENT NUMBER:**
 YEAR MONTH DAY
 | | |
TO APPLY**PLEASE RETURN THIS APPLICATION AND ATTACHMENTS TO:**
 Niagara College Canada, International Department, 100 Niagara College Blvd, Welland, Ontario, Canada L3C 7L3
 Fax: 905-735-2413, Email: international@niagaracollege.ca, Web: international.niagaracollege.ca