

## GOAN OVERSEAS ASSOCIATION VANCOUVER

## POST-SECONDARY SCHOLARSHIP APPLICATION

Please type or print clearly LAST NAME:	FIRST OR GIVEN NAME(s):
STREET ADDRESS:	
PROVINCE & POSTAL CODE:	
EMAIL:	_
PROVIDE A BRIEF PERSONAL STATEMENT O the space below is not sufficient please use a separat	F EDUCATIONAL GOALS AND CAREER OBJECTIVES. (If the sheet of paper.)
involvement.  2. Each applicant shall submit one school reference (attesting to his/her ability with reference to the above 3. Applicants must be enrolled full-time at any recognegistration.  4. Proof of Registration at an institution in the form of the time of application  5. The decision of the Scholarship Committee shall be 6. No person shall be awarded this scholarship more DECLARATION:	enized Canadian post-secondary institution. Attach proof of of tuition receipt for the year of enrollment shall be submitted at the final.
Signature of Applicant	Date Signed (dd/mm/yyyy)
THIS SECTION MUST BE COMPLETED BY T	THE SELECTION COMMITTEE ONLY:
NAME OF COMMITTEE MEMBERS	DATE:

Comments: