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Merit Scholarship Application Form for Part-Time Students

Registrar's Office Halifax NS B3M 2J6 (902) 457-6351 FAX (902) 457-6498 financial.aid@msvu.ca

Personal Information					
Student ID# Last Name	D# Last Name		First Name(s)		
Permanent Address Information		Town/City	Province	Postal Code	
Local Address Information (if different	from above)	Town/City	Province	Postal Code	
lome Phone Number () none Number	(<u>)</u> Work Phone N	() Work Phone Number	
Mount Email Address		Progra	m of Study		
Application Information					
sponsoring agency, employer or govern students will receive scholarships. Nature of Award - Awards may be used completed within the next 12-month p	I towards tuition eriod (Septembe	n for future course work er 1 through August 31	(fall, winter and summer see	ssions) to be	
units of my most recent Mount course Course Number	work.	Course Title		Term	
Application Deadline: May 15 Return this completed form to: Chair, Undergraduate Committee on Ar Registrar's Office Evaristus Hall, Room 207 Mount Saint Vincent University Halifax, NS B3M 2J6	dmissions and S	Scholarships			
 Date		Student	Signature		