



CANADIAN RUGBY FOUNDATION

AWARD APPLICATION FORM

**PLEASE REFER TO THE AWARDS APPLICATION CHECKLIST
FOR IMPORTANT APPLICATION SUBMISSION INFORMATION**

Name of Award:		
Applicant information:		
Surname:	First Name:	Middle Name or Initial:
Date of birth (dd/mm/yyyy):		
College / University student number (if available):		
<input type="checkbox"/> Yes , I confirm that I am a Canadian Citizen		
Permanent address:		
Street:	City/Town:	
Province/Territory:	Postal Code:	
Primary Telephone Number:		
E-Mail Address:		
Name of educational institution from which you are applying or are currently attending (secondary school, college, university, other):		
Address of above-named educational institution:		
Street:	City/Town:	
Province/Territory:	Postal Code:	
Status of Study		
Currently attending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, year of Graduation:		
Name of college or university at which you plan to enroll in the fall:		
Program of study:		

Career goals:

Rugby goals and plans:

Do you have a letter of recommendation from your coach? ☐ Yes ☐ No

Additional recommendations

(Preferably a letter of recommendation from each of the listed individuals):

NAME:	TELEPHONE:	LETTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	------------	--

NAME:	TELEPHONE:	LETTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	------------	--

NAME:	TELEPHONE:	LETTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	------------	--

NAME:	TELEPHONE:	LETTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	------------	--

I certify that the above information is accurate and I understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the Canadian Rugby Foundation. I agree to the public release of my name and photo should I be awarded the scholarship. I agree that scholarship funds will only be granted to me if I am enrolled, as planned, in an educational institution in the Fall and that such funds may be disbursed by the Scholarship and Awards Office of my school.

Signature of Applicant

Date

***THIS APPLICATION FORM APPLIES TO AWARDS MANAGED BY
THE CANADIAN RUGBY FOUNDATION AWARDS COMMITTEE BUT MAY
ALSO BE USED AT THE DISCRETION OF OTHER CRF AWARDS FUNDS***