

## JACKIE ROBINSON SCHOLARSHIP APPLICATION

Scholarship Category (check one):

Entrance  Undergraduate  CEGEP  Artificial Intelligence   
Graduate  Social  Biomedical

Personal Information:

Name \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name(s)

Address:

Street No. Street Name Apt. #

City Prov. Postal Code

Tel # Other # Email Address

Date of birth (y/m/d) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary language: English [ ] French [ ] Other (specify) \_\_\_\_\_

Are you a Canadian Citizen? Yes [ ] No [ ] Permanent Resident [ ]

Program of full-time study:

Degree Concentration Term Year of Entry

Name of University Anticipated Year of Graduation

References:

Referee Name	Title / Position	Address	Phone number