

Agricultural Institute of Canada Foundation (AICF) Douglas McRorie Memorial Scholarship

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PERSONAL

Last Name		Title (Mr. <input type="checkbox"/> , Ms. <input type="checkbox"/> , Mrs. <input type="checkbox"/> , Miss <input type="checkbox"/> , Dr. <input type="checkbox"/>)	
Given Names		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Current Address (Number & Street)			
City	Province	Postal Code	
Telephone Number (Include area code)		E-Mail Address	
Permanent Address if different from current address (Number & Street)			
City	Province	Postal Code	
Telephone Number (Include area code)		E-Mail Address	
Immigration Status (Indicate one)		<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant
Social Insurance Number: <i>(The AICF is required by the Canada Revenue Agency to issue a T4A slip to each scholarship recipient)</i>			

ACADEMIC RECORD

List all post-secondary institutions attended and currently attending

Official transcripts from all post-secondary institutions are required for a complete application file. **A letter from the university confirming enrolment in your current program is required.** Incomplete applications will not be considered. Transcripts enclosed Transcripts to be forwarded by university

INSTITUTION	LOCATION	CALENDAR YEARS ATTENDED	NAME OF DEGREE/DIPLOMA	DEGREE CONFERRED (YES/NO)

CURRENT ACADEMIC YEAR

List all courses for the current academic year

Department	Course Title	# of Credit Hours

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Douglas McRorie Memorial Scholarship**



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STATEMENT OF PROGRAM

Degree for which McRorie Memorial Scholarship is sought

Supervisor's name, if known

Program start date

Expected date of completion

Describe your area of study including the significance and method.

Topic of research, if applicable.

OTHER BACKGROUND – PERSONAL AND CAREER GOALS

Please describe relevant volunteer activities, work experience, community involvement, leadership abilities and career interests. This information is required to assess leadership and career interests.

SIGNATURE OF APPLICANT _____

DATE _____

I hereby certify that all of the above information is correct and complete.

Your signature above provides authorization for your name and contact information to be listed in the AICF newsletter, Annual Report and provided to the RBC Foundation should you be awarded this scholarship.