



BCRSP Scholarship Application Form

Electronic submissions preferred (info@bcrsp.ca)

(application and all supporting documents to be received at the BCRSP office on or before December 31)

Mr. Mrs. Ms Dr.

1. Name: _____

2. Mailing Address (including postal code):

3. Email: _____ Telephone _____

4. College/University: _____

5. Program: _____

6. Faculty: _____

7. I am a: Full Time Student Part Time Student

8. Program Length: 2 years 3 years 4 years

(Refers to length of program, not how long it takes to complete the program, eg. a part time student may take 3-4 years to complete a two-year OHS certificate program through continuing education option)

9. GPA entering final year of program (minimum 3.5 or 80%): _____

10. I will graduate in (month, year): _____

11. Attachments:

- Confirmation of acceptance into final year of program
- Reference letter from program chair or faculty advisor
- Transcripts (have been requested and will be sent directly to the BCRSP by college/university)
- Course outlines

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