Centre for Inclusive Education Research Award

APPLICATION FORM
SUBMISSION DEADLINE: January 16, 2012

A. PERSONAL DATA

Social Insurance Number	UWO Student Number	E-mail address
- -		

Last Name	First Name and Middle Initial

Number and Street Name	Apartment or Unit Number

City, Town or Post Office	Prov	Postal Code	Area Code and Telephone
			- -

Citizenship Status

☐ Canadian Citizen	☐ Foreign citizen (attach copy of student visa)	☐ Permanent resident Date permanent resident status received: Day Mo Year

B. REFERENCES

Name of Reference	Position	Institution

C.DECLARATION

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Signature Date