# CTTAM Financial Scholarship Application Form
### *(Please print)*

Student's Name: _____     _____
_____*Last Name*_____     _____*First Name*_____

Parent's Name: _____     CTTAM Member No. _____

Program of Study: _____

School where Student is registered: _____

Student is registered full-time:     Yes [     ]          No [     ]

<u>Important note:</u>  This scholarship is only open to children of an active certified CTTAM member.

<u>Required as part of the application:</u>

The applicant must attach a copy of an official letter from the Educational Agency verifying that the applicant is enrolled as a full-time student in an Engineering Technology or Applied Science program in Canada.

*I attest to the best of my knowledge that all the information written above and included within this application is accurate and true.*

Applicant Signature: _____     Date: _____

**** Please note that the deadline for applications is September 29th, 2023 ****

Email the completed application form to adminassistant@cttam.com.

| *Date File Received:* <br> *(CTTAM office use only)* | |
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