



Kevin Collins Abilities Scholarship Application

Name				Date of Birth (YYYY-MM-DD)	
Address					
City		Prov		Postal Code	
Email				Phone Number	
Post-Secondary (or Trade) Institution					
Program				Year of Study	
Program Start (MM/YY)				Type of Certificate	
Length of Program				Expected Graduation Date (MM/YY)	
Description of Disability					

Please print your name			
Signature		Date	
<p>I certify that the information provided on this application is true and accurate. I understand that providing false information will make me ineligible for consideration and/or result in the rescindment of the Kevin Collins Abilities Scholarship. All disbursed funds will be returned.</p> <p>In order to be eligible for the Kevin Collins Abilities Scholarship, you must meet the criteria outlined in the description, complete this form, and submit a 1-2 page letter and/or a 1-2 minutes video describing why you should be considered for the scholarship. Please send your application and accompanying documents to info@wecare-canada.org with the subject line "SCHOLARSHIP".</p>			