

Actuonix Motion Devices
Scholarship Application Form



APPLICANT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State/Province: Ontario	ZIP/Postal Code
Are you an American or Canadian Citizen?	Yes____ No____	How long?
EDUCATION INFORMATION		
Post-Secondary Institution:		
Institution Address:		
Phone:	Major:	
City:	State:	ZIP Code:
Are you currently enrolled in full-time studies? Yes____ No____		
AWARD INFORMATION		
Are you eligible to receive financial aid?	Yes____ No____	
Have you applied for this award in the past?	Yes____ No____	
EDUCATIONAL OR VOCATIONAL REFERENCES		
Name:	Relationship to you:	
Phone:	Email:	
Name:	Relationship to you:	
Phone:	Email:	
VERIFICATION		
I certify that all of the information in this application is accurate, complete and true to the best of my knowledge. I understand that Actuonix Motion Devices reserves the right to determine eligibility for the award. Furthermore, Actuonix Motion Devices Inc. reserves the right to cancel our scholarship program at any time.		
Name of applicant:		Date
Signature of applicant:		

Applications can be submitted by mail or email to:



Unit 201-1753 Sean Heights
Saanichton, BC
Canada V8M 0B3