

# SPE Canada Scholarship Application

## Contact Information

Name	
Street Address	
City	
Province	
Postal Code	
Work Phone	
Cell Phone	
E-Mail Address	
SPE Membership #	

## Academic Information

University/College	
Program of Study	
Program Length (years)	
Current Year of Study	
Average GPA	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

\*In order for your application to be considered, you must meet the eligibility requirements and include all required documents along with this application form.