

Argentinean Manitoban Association 2018 Enrique Eismendi Scholarship



Application Form

Applicant's Name: _____	
Address: _____	
City: _____	
Province: _____	Postal code: _____
Telephone: _____	Email Address: _____

Name of College/University: _____
Name of Program (Certificate/Diploma/Degree) Enrolled In: _____

Year: _____

Please feel free to add additional info in a separated page.

SIGNED DECLARATION:

I hereby certify that I have read and understood the instructions and information accompanying this application form and that all statements made in connection with this application are true and correct.

DATE:

SIGNATURE:

SUBMIT APPLICATION TO:

Argentinean Manitoban Association
Re: Enrique Eismendi Scholarship 2018
Caboto Centre
1055 Wilkes Ave
Winnipeg, MB, R3P 2L7