

# Argentinean Manitoban Association 2017 Enrique Eismendi Scholarship



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## 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 2017  
Caboto Centre  
1055 Wilkes Ave  
Winnipeg, MB, R3P 2L7