

Queen Elizabeth II Diamond Jubilee Graduate Scholarship Application

Deadline for Application: January 15, 2016

PERSONAL INFORMATION														
FAMILY/LAST NAME				GIVEN/FIRST NAME (IN FULL)					OTHER/MIDDLE NAME					
STREET NAME AND ADDRESS														
CITY				PROVINCE/STATE					COUNTRY					
POSTAL/ZIP CODE		EVENING OR HOME PHONE (AREA CODE + NUMBER)			DAY PHONE (AREA CODE + NUMBER)				EMAIL					
former name(s)								OPTIONAL DISCLOSURE: DO YOU WISH TO BE CONTACTED BY A DISABILITIES COORDINATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTH DATE:	YEAR	MONTH	DAY	CANADIAN SOCIAL INSURANCE NUMBER:									
CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING:		<input type="checkbox"/> CANADIAN CITIZEN			<input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.				<input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY _____					
ABORIGINAL STATUS: (OPTIONAL DISCLOSURE) DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO				If you identify yourself as an Aboriginal Person, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit				Are you registered under the Indian Act of Canada (i.e. Status)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
MY PRIMARY LANGUAGE IS:		<input type="checkbox"/> ENGLISH		<input type="checkbox"/> OTHER: PLEASE SPECIFY		<input type="checkbox"/> I HAVE TAKEN/WILL TAKE TOEFL (USE TOEFL CODE #0032) Applicants whose primary (first) language is not English may be required to submit a score from the Test of English as a Foreign Language.								
EMERGENCY CONTACT:		NAME					PHONE NUMBER (AREA CODE + NUMBER)							
PROGRAM SELECTION		PROGRAM												
<input type="checkbox"/> MAAVA		MASTER OF APPLIED ARTS												
<input type="checkbox"/> MADES		MASTER OF DESIGN												
POST-SECONDARY (INCLUDE THE INSTITUTION YOU ARE CURRENTLY ATTENDING - LIST MOST RECENT FIRST):														
NAME OF INSTITUTION				CITY			DATES OF ATTENDANCE			PROGRAM/EDUCATION LEVEL				
Have you ever applied for admission to the University, or have you ever taken a course at Emily Carr University of Art and Design or the Vancouver School of Art (including Continuing Studies courses)?								<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE STUDENT IDENTITY NUMBER:				

I declare that I have answered truthfully all questions. I confirm that all submitted work, written or in the portfolio, is my own. If admitted to the University, I agree to familiarize myself with, and abide by, University policies during my years of attendance.

SIGNATURE: _____

DATE: _____

Emily Carr University of Art and Design gathers and maintains information used for the purposes of admissions, registration and other fundamental activities related to being a member of and attending a public post-secondary institution in the province of British Columbia. All applicants are advised that both the information they provide and any other information placed into the student record will be protected and used in compliance with the BC Freedom of Information and Privacy Protection Act (1992).

This form may be submitted by:

Fax: +1-604-844-3089

Email: masters@ecuad.ca

Regular Mail:

Graduate Studies

Emily Carr University of Art + Design

1399 Johnston Street

Vancouver, BC V6H 3R9

For more information please contact: Brenda Crabtree, Aboriginal Program Manager, bcrab@ecuad.ca, +1-604-844-3088