

Harmonize For Speech Fund



Application for One-Year Out Of Province Scholarship

2 Gower Street, Toronto, ON M4B 1E2

(b) (705) 726-0301 or (416) 751-6456

Email: info@harmonize4speech.org

Student's Name: _____

Address: _____

STREET

CITY

PROVINCE

POSTAL CODE

Email Address: _____

Degrees Held Currently: _____

Degree Program Scholarship Will Apply To – Include Name and Address of
Institution and Academic Year the Scholarship Will Apply To:

Include: Copy of letter from the Institution on your acceptance in the program.

Copy of last year's marks at your previous institution.

Why I am applying to this program and for this scholarship:

Other Financial Assistance I am receiving or Have Applied For:

Use a separate page for any reply requiring additional information.

