



CANASA

Canadian Security Association
Association canadienne de la sécurité

50 Acadia Avenue, Suite 201, Markham, ON L3R 0B3

T: (905) 513-0622 TF: 1 (800) 538-9919

E: scholarship@canasa.org

CANASA National Scholarship Student Application 2019

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name of your high school: _____

Name of University/College/Post-Secondary Institution: _____

Name of Post-Secondary Program: _____

(Not applicable for student applicants of the expansion program for schools in BC, QC, NC)

Relationship to member: _____

Name of member employee: _____

Member company name: _____

Checklist attached:

- Completed application
 - Written academic paper
 - Official school transcript (must show the last two years)
 - Proof of acceptance into Program, College, University, or Post-Secondary Institution (if high school student)
 - Letter of recommendation(s)
 - Volunteer details
 - A photo of yourself
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I certify the above to be true to the best of my knowledge. I understand that any inaccuracies may disqualify me from receiving a scholarship from CANASA.

Signature: _____ Date: _____