



Application Entry Form

This form is to be completed and attached to the other required information when applying for the 2022-2023 SolveYourDebts.com Scholarship - **Deadline Extension: May 13, 2022**

Full Name:		Phone: ()
Address:		Date of birth:
		Have you previously applied for the CCSAC Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?
Email:		
Are you a SolveYourDebts.com Debt Management Program (DMP) client or the child of one? <input type="checkbox"/> Yes <input type="checkbox"/> No	DMP Client Name and Client ID#:	
Name and Address of Parent or Guardian (if under 19):		How did you hear about the SolveYourDebts.com Scholarship?
		Degree/Diploma Sought:
High School/Post-Secondary Institution currently attending:		
Name of Institution you plan to attend 2022-2023:		Length of Course:

I hereby certify that the above information is correct and agree to notify the Education Committee Chairperson of changes to my educational plans that would affect my eligibility. I understand that CCSAC is not responsible for late delivery by the Post Office, e-mail delivery failure or delay in receipt. I authorize that my submission may be used as part of SolveYourDebts.com presentation/education/website materials. I acknowledge all submissions become the property of CCSAC and cannot be returned. By signing this, I agree to all the conditions of the scholarship.

Signature of Applicant:	Mail to: The Chairperson, Education Committee SolveYourDebts.com 20 Alma Street, Saint John, NB E2L 5G6 Email: education@solveyourdebts.com
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www.solveyourdebts.com/scholarships

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