

HUSCROFT EDUCATIONAL TRUST

PAYMENT REQUEST FORM

Please complete with large, bold, and dark **BLACK** letters so that ALL information will be readable after scanning this form. Writing like this *fun2mailu4fun@hotmail.com* or this *604-428-1275* is NOT acceptable. DO NOT assume that you can leave out information that was provided on a previous application or form.

A. Personal Information

1. Last name _____ First Name _____ Middle Name _____

2. Age _____ Date of Birth Year _____ Month _____ Day _____ Sex M __ F __

Marital Status _____ Taxpayer Identification Number (SIN) _____

3. Address (All correspondence will be sent to this address.)

Address _____

City / Town _____ Province / State _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

4. Huscroft Family Group Affiliation (Dulce, Kate, Ken, Kevin, Patricia) _____

5. Parents' Names _____ Telephone _____

6. Contact Person

Please name a person to contact if you cannot be reached.

Name _____ Relationship _____

Address _____

City / Town _____ Province _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

7. Declaration

I declare that all statements on this application are true and complete. I authorize the release of any academic information held or to be held by any educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Advisory Board of the Huscroft Educational Trust. I give permission for my name to be published should I be selected to receive an Award. I understand the Huscroft Educational Trust will disclose my personal information to Revenue Canada, as required by law, and as required for me to be registered as a beneficiary of the Huscroft Educational Trust, including my full legal name, date of birth, address and country of residence for tax purposes, and my Social Insurance Number (or equivalent for a beneficiary resident outside of Canada). I agree that the Award will only be paid to me if I enroll as planned in an educational institution as outlined in this application. I agree that the Award will only be paid to me if I maintain a course load and academic standing that is acceptable to the Advisory Board. If I withdraw before completing my program of study, I understand I may be requested to repay all, or part of the Award received.

Signature of applicant _____ Date _____

B. Bank Information

1. Would you like to be paid by wire transfer? Yes ___ No ___

If you answered "yes" to question 1 above, please fill out the following banking information such that a wire transfer can be implemented. If you answered "no", a cheque will be sent to your address as entered previously.

2. Bank Name _____

3. Bank Location _____

Address _____

City / Town _____ Province / State _____ Country _____

Postal Code _____

Telephone _____ Fax _____

4. Bank Transit # _____ (always 5 digits)

5. Bank Institution # _____ (always 3 digits)

6. Bank Account # _____ (all the remaining digits on your cheque as shown below)

7. Account Owner's Name _____

The following example shows where this information is marked on a typical Canadian bank cheque.

MR. JOHN JONES
1645 DUNDAS ST. W, APT. 27
TORONTO, ON M6K 1V2

DATE **20061201**
Y Y Y Y M M D D

PAY TO THE ORDER OF **Wikimedia Foundation** \$ **100.55**

One Hundred Dollars and 55/100 DOLLARS

FIRST BANK OF WIKI
Victoria Main Branch
1425 James St., P.O. Box 4001
Victoria (B.C.) V8X 3X4

MEMO **Donation**

John Jones **MP**

⑈ 243 ⑈ ⑆ 00005 ⑆ ⑆ 23 ⑆ ⑆ 23 ⑆ 4 56 ⑆ 7 ⑈

YOUR CHEQUE NUMBER	BANK TRANSIT NUMBER	BANK INSTITUTION NUMBER	BANK ACCOUNT NUMBER
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HUSCROFT EDUCATIONAL TRUST

AUTHORIZATION FOR RELEASE

Name _____

Address _____

City / Town _____ Province /State _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

Student Identification Number _____

Educational Institution _____

Address _____

City / Town _____ Province /State _____ Country _____

Postal Code _____ Email _____

Telephone _____ Fax _____

Authorization

I authorize the release of any academic information held or to be held by this educational institution relating to my application, including but not limited to admittance, registration and transcripts, to the Huscroft Educational Trust.

Signature _____ Date _____