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 Informa	tion		
1.Last name First Name		Middle Name	
2.Age Date	of Birth Year Month	Day	Sex MF
Marital Status	Taxpayer Identification Num	ber (SIN)	
3.Address (All corresp	pondence will be sent to this address	s.)	
Address			
City / Town	Province /State_	Country	
Postal Code	Email		
Telephone	Fax		
4.Huscroft Family Gro	oup Affiliation (Dulce, Kate, Ken, Kev	rin, Patricia)	
5.Parents' Names		Telephone	
6.Contact Person			
Please name a perso	n to contact if you cannot be reached	d.	
Name	Relationship		
Address			
	Province		
Postal Code	Email		
Telephone	Fax		
7. Declaration			
I declare that all statement	ts on this application are true and complete.	I authorize the release of any	academic information held
or to be held by any educa	ational institutions relating to my application,	including but not limited to ad	mittance, registration and
transcripts, to the Advisory	y Board of the Huscroft Educational Trust. I	give permission for my name	to be published should I be
selected to receive an Awa	ard. I understand the Huscroft Educational T	rust will disclose my personal	l information to Revenue
Canada, as required by lav	w, and as required for me to be registered as	s a beneficiary of the Huscroft	Educational Trust, including
my full legal name, date of	f birth, address and country of residence for t	tax purposes, and my Social I	nsurance Number (or
equivalent for a beneficiary	y resident outside of Canada). I agree that the	he Award will only be paid to r	me if I enroll as planned in
an educational institution a	as outlined in this application. I agree that the	e Award will only be paid to m	ne if I maintain a course load
and academic standing tha	at is acceptable to the Advisory Board. If I w	ithdraw before completing my	program of study, I
understand I may be reque	ested to repay all, or part of the Award receiv	ved.	
Signature of applicant	t	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	
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3. Bank Location ____

Address

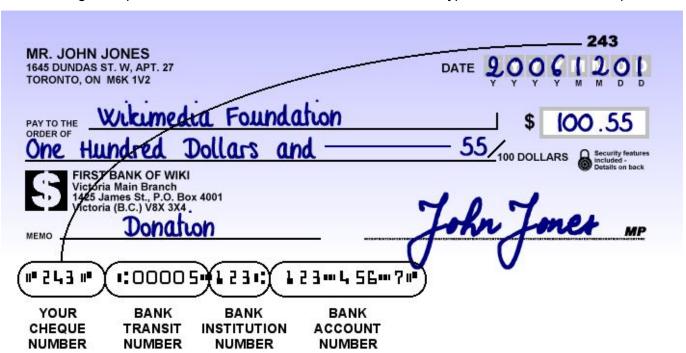
City / Town Province /State Country

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.



C. Educational Status

1.Proof of Admittance				
If you are requesting your first Payment, attach a letter of admittance from the Post-Secondary Institute you	u will			
be attending. This must be included for payment to occur. Done?				
2.Record of Academic Performance				
f you are applying for a subsequent Payment, attach a copy of your official Statement of Grades issued by the educational institution that you are attending showing courses and marks for your last term of study. <u>This mu</u>				
3.Upcoming Term Course Load				
Will you be taking a full course load during the upcoming term? Note that taking less that a full course I	load			
is considered equivalent to changing ones program of study. A full course load is one that is suffic				
to complete your degree or diploma in the normal time period. No Yes				
4. Have you changed your career goal, faculty, program of study or educational institution since your previous	ous			
application to the Huscroft Educational Trust? No Yes				
5. If you answered "yes" to question 4 above, briefly outline how your plans will comply with the purpose of	f the			
Huscroft Educational Trust, which is to assist in the economic advancement of the Huscroft Family and/or				
improvement in the welfare of society. Include why you chose to change your career goal, faculty, progran	n of			
study or educational institution. (No more than 250 words, please.)				

6. If you have changed your educational institution since your previous application to the Huscroft Educational Trust, please fill out a new Authorization for Release using the attached form.

HUSCROFT EDUCATIONAL TRUST

AUTHORIZATION FOR RELEASE

Name		
Address		
City / Town	Province /State	Country
Postal Code	_Email	
Telephone	Fax	
Student Identification Number _		
Educational Institution		
Address		
		Country
Postal Code	Email	
Telephone	Fax	
Authorization		
I authorize the release of any ac	ademic information held or to be	held by this educational institution relating to
my application, including but not	: limited to admittance, registration	on and transcripts, to the Huscroft Educationa
Trust.		
Signature	Date	