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### Scholarship Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Denomination: \_\_\_\_\_

Major \_\_\_\_\_ Grade Point Average \_\_\_\_\_

I will be enrolled:  Full Time  Half Time  Less Than Half Time

Marital Status  Married  Single Number of dependent \_\_\_\_\_

Amount of Scholarship requested: \$ \_\_\_\_\_

Please provide a statement of your educational goals, and your plans for your anticipated degree.

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Please mention any unusual circumstances that may have an effect on your ability to pay for tuition.

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I \_\_\_\_\_, certify that information on this form is true. I agree that if I may be found to have lied, my scholarship will be cancelled and I would be required to pay the full tuition or be expelled from the college.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

You may attach another sheet if you need additional space. Please return to the Admissions Office by email

EMAIL: [registrar@shilohcollege.com](mailto:registrar@shilohcollege.com)