



# HANS KLINKENBERG MEMORIAL SCHOLARSHIP

APPLICATION FORM - APPLICATION DEADLINE:  
FEBRUARY 15TH

This application is made for the award year \_\_\_\_\_

Type, print and sign

1.	Last Name:	
	First Name:	
	Middle Name:	
2.	Current Street Address:	
	City, Province:	
	Postal code :	
3.	Telephone Number (including area code):	
	E-mail:	
4.	Place of Birth:	
	Canadian Citizen or Landed Immigrant?	
5.	Date of Birth:	
6.	State the name and address of the institution at which you will be enrolled during the tenure of this scholarship:	
	Name Institution:	
	Address:	
	City, Province:	
7.	Toward what degree/diploma will you be working?	
8.	When do you expect to receive your degree/diploma? (MANDATORY)	
9.	Name of faculty advisor:	
	Title:	
	Institution:	
	Telephone Number (including area code):	
10.	Prepare and submit a one-page statement regarding your plans for continuing your education and your career plan in Geomatics.	
11.	Your completed application, transcripts of scholastic records, one-page statement, and two sealed letters of recommendation on official letterhead, must be received by <b>February 15<sup>th</sup> of the award year</b> at :	
	<p style="text-align: center;">Chair, Board of Trustees Hans Klinkenberg Memorial Scholarship c/o Canadian Institute of Geomatics 900 Dynes Road, Suite 100 D Ottawa, ON K2C 3L6</p>	

## CERTIFICATION

I certify that the information given in this application is true and accurate. I further certify that if for any reason subsequent to receiving this scholarship award, I elect to substantially alter my proposed study plan, I will inform immediately the Board of Trustees, and at their discretion, will return the funds paid to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date