

APPLICATION FOR CWLS STUDENT AWARD

Date _____

Name of applicant in full:

Mailing address in full:

E-mail address: _____

Phone number: _____

Name of University attending:

Discipline of study:

Undergraduate Graduate – Master (thesis) Graduate – Doctorate

Current GPA: _____ **on a scale of** _____ **When do you expect to graduate** _____

Education financed by:

Self Corporation Other scholarships Other

Residency Status:

Canadian citizen Landed Immigrant Student visa Other

Have you been a previous CWLS award recipient ? _____ **If so when** _____

Name of thesis advisor:

E-mail address: _____

Phone number: _____

Proposed thesis title: _____

Thesis abstract (if additional space is needed use separate sheets and attach them to this application):
