



Returning Student Scholarship Application Form

(Please Print and Complete in Full)

Name STU ID #

Major(s) Minor(s)

Year of study for upcoming year (please circle): 1 2 3 4

Were you accepted to St. Thomas University as an Adult Learner? Yes No

Home Town Home Province

ANY SCHOLARSHIP(S) YOU CURRENTLY HOLD

SCHOLARSHIP(S) FOR WHICH YOU ARE APPLYING

Any scholarship for which I am eligible (check if you wish to be considered for all available)

SUMMER MAILING ADDRESS

Street City

Province Postal Code Phone Number

STU Email

***Please attach a brief summary of your educational background, other awards and accomplishments and extracurricular activities.
If you are applying for specific scholarships please describe why you feel you would be an ideal candidate to receive that award.**

Applicant's Signature Date