



The Don McBain Memorial Award - Application form

Please print and sign this form then submit along with your supporting documents.

1. Contact information

Name: _____

Address: _____

High School: _____

Birth date: _____

Phone number: _____

Email: _____

2. Post-Secondary information

Post-Secondary Institution name: _____

*Please attach a copy of the acceptance letter from your post-secondary institution with your application

Department or Faculty Name: _____

Program Name: _____

Length of Program: _____

Type of Degree or Certificate to be earned upon completion: _____

Year(s) of Study: _____

3. Feedback information

How did you hear about the Don McBain Memorial Award?

