



**APPLICATION FOR SCHOLARSHIPS FOR DEPENDENTS**

Scholarships will be given to the dependents of tenured and tenurable faculty, full time lab instructors, as well as Continuing and Fixed Term faculty, teaching 384 SICH or greater, provided dependents are registered as full-time students in credit courses at MRU, and attain a GPA of at least 2.0.

**Scholarships shall not be allocated until all final grades for all applicants are available. As such, scholarship disbursement may be delayed by up to three months. Scholarship allocations are determined by the MRFA Awards Committee and processed by MRU’s Student Awards and Financial Aid Office. Students will receive their allocation as either a credit on their MRU account or a direct deposit to their bank account, as deemed appropriate by the Student Awards Office.**

Please submit this form to the MRFA Executive Assistant (W315) by the following deadlines:

Fall term applications must be submitted by the **last Friday of November**

Winter term applications must be submitted by the **last Friday of March**

Spring/Summer term applications must be submitted by the **last Friday of May**

**Application Term (Circle One):**      **Fall**                      **Winter**                      **Spring/Summer**

**Student’s Name:** \_\_\_\_\_

**Student’s Social Insurance Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mount Royal University Student Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student’s Address, Postal Code & Phone Number (Ensure this is the same address as is on file with MRU)

I, \_\_\_\_\_, authorize the Mount Royal Faculty Association to inform the faculty member indicated below of whether I did or did not meet the requirements for funding.      **YES**                      **NO**

Providing this authorization does not affect eligibility to receive scholarships

**MRFA Faculty Member to Complete:**

Faculty Member: \_\_\_\_\_

Employment Category:      **Tenured**                      **Tenable**                      **Continuing**                      **Fixed Term**                      **Lab Instructor**

Department: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

If you would like the Association to request a copy of your official transcript please sign the authorization below; otherwise you will need to submit a copy of your official transcript.

I authorize Enrolment Services - Office of the Registrar’s at MRU to provide the Mount Royal Faculty Association with the information required for the Scholarship for Dependents.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date