ST. THOMAS UNIVERSITY

RETURNING STUDENT SCHOLARSHIP APPLICATION FORM

ACADEMIC YEAR

NAME	ID NUMBER
SUMMER MAILING ADDRESS	
	TELEPHONE
Postal Code	
Scholarship Which I Currently Ho	old:
Scholarship For Which I Am Appl	lying:
Any Scholarship for which	I am eligible.
	oply for a renewal of your entrance award. All entrance renewal eligibility. Reference letters are not needed for
	ICATION PROCEDURE
On the back of this sheet write a bawards and accomplishments and	orief summary of your educational background, other extracurricular activities.
Return this form to:	Registrar's Office, GMH 103 St. Thomas University Fredericton, NB E3B 5G3
DEADLINE: May 15	$5^{ m th}$
Applications are reviewed in June applicants.	for the next academic year. Notice is sent to all
Date	Signature