

## HUSCROFT EDUCATIONAL TRUST

### PAYMENT REQUEST FORM

Please complete with large, bold, and dark **BLACK** letters so that ALL information will be readable after scanning this form. Writing like this *fun2mailu4fun@hotmail.com* or this *604-428-1275* is NOT acceptable. DO NOT assume that you can leave out information that was provided on a previous application or form.

#### A. Personal Information

1. Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

2. Age \_\_\_\_\_ Date of Birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Marital Status \_\_\_\_\_ Social Insurance # \_\_\_\_\_

3. Address (All correspondence will be sent to this address.)

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province / State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

4. Huscroft Family Group Affiliation (Dulce, Kate, Ken, Kevin, Patricia) Relationship \_\_\_\_\_

5. Parents' Names \_\_\_\_\_ Telephone \_\_\_\_\_

6. Contact Person

Please name a person to contact if you cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

7. Declaration

I declare that all statements on this application are true and complete. I authorize the release of any academic information held or to be held by any educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Advisory Board of the Huscroft Educational Trust. I give permission for my name to be published should I be selected to receive an Award. I agree that the Award will only be paid to me if I enroll as planned in an educational institution as outlined in this application. I agree that the Award will only be paid to me if I maintain a course load and academic standing that is acceptable to the Advisory Board. If I withdraw before completing my program of study, I understand I may be requested to repay all, or part of the Award received.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## B. Bank Information

1. Would you like to be paid by wire transfer? Yes \_\_\_ No \_\_\_

If you answered "yes" to question 1 above, please fill out the following banking information such that a wire transfer can be implemented. If you answered "no", a cheque will be sent to your address as entered previously.

2. Bank Name \_\_\_\_\_

3. Bank Location \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province / State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

4. Bank Transit # \_\_\_\_\_ (always 5 digits)

5. Bank Institution # \_\_\_\_\_ (always 3 digits)

6. Bank Account # \_\_\_\_\_ (all the remaining digits on your cheque as shown below)

7. Account Owner's Name \_\_\_\_\_

The following example shows where this information is marked on a typical Canadian bank cheque.

**MR. JOHN JONES**  
1645 DUNDAS ST. W, APT. 27  
TORONTO, ON M6K 1V2

243

DATE 20061201  
Y Y Y Y M M D D

PAY TO THE ORDER OF Wikimedia Foundation \$ 100.55

One Hundred Dollars and 55/100 DOLLARS

**FIRST BANK OF WIKI**  
Victoria Main Branch  
1425 James St., P.O. Box 4001  
Victoria (B.C.) V8X 3X4

MEMO Donation

John Jones **MP**

Security features included - Details on back

⑈ 243 ⑈ ⑈ 00005 ⑈ 123 ⑈ 123 456 7 ⑈

YOUR CHEQUE NUMBER	BANK TRANSIT NUMBER	BANK INSTITUTION NUMBER	BANK ACCOUNT NUMBER
243	00005	123	123 456 7

C. Educational Status

1.Proof of Admittance

If you are requesting your first Payment, attach a letter of admittance from the Post-Secondary Institute you will be attending. **This must be included for payment to occur.** Done? \_\_

2.Record of Academic Performance

If you are applying for a subsequent Payment, attach a copy of your official Statement of Grades issued by that educational institution that you are attending showing courses and marks for your last term of study. **This must be included for payment to occur.** Done? \_\_

3.Upcoming Term Course Load

Will you be taking a full course load during the upcoming term? **Note that taking less that a full course load is considered equivalent to changing ones program of study. A full course load is one that is sufficient to complete your degree or diploma in the normal time period.** No \_\_ Yes \_\_

4. Have you changed your career goal, faculty, program of study or educational institution since your previous application to the Huscroft Educational Trust? No \_\_ Yes \_\_

5. If you answered “yes” to question 4 above, briefly outline how your plans will comply with the purpose of the Huscroft Educational Trust, which is to assist in the economic advancement of the Huscroft Family and/or improvement in the welfare of society. Include why you chose to change your career goal, faculty, program of study or educational institution. (No more than 250 words, please.)

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6. If you have changed your educational institution since your previous application to the Huscroft Educational Trust, please fill out a new Authorization for Release using the attached form.

## HUSCROFT EDUCATIONAL TRUST

### AUTHORIZATION FOR RELEASE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / Town \_\_\_\_\_ Province /State \_\_\_\_\_ Country \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Student Identification Number \_\_\_\_\_

Educational Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City / Town \_\_\_\_\_ Province /State \_\_\_\_\_ Country \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

#### Authorization

I authorize the release of any academic information held or to be held by this educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Huscroft Educational Trust.

Signature \_\_\_\_\_ Date \_\_\_\_\_