

Microquest Inc. Office Assistant - Medical Major Award

Introduction

A number of awards are available to all students pursuing a post-secondary education in Alberta. In addition to these, MacEwan University offers many more to its students on an annual basis. These awards are a reflection of the tremendous generosity of hundreds of individuals, corporations, and associations.

Criteria

Awarded to a full time student in the Medical Major of the Office Assistant Program who achieves a minimum grade point average (GPA) of 3.0 over two terms; demonstrates a business-like attitude; and has experienced challenges in pursuing his/her education due to financial, physical or academic issues.

Award Value

Number of Awards: 2 Award Value: \$500

Selection of Award

The Office Assistant Program will choose the recipient for the *Microquest Inc. Office Assistant - Medical Major Award*.

The successful applicant will be notified via mail. Appeals will be not considered, as the committee selections are final.

Deadline

Applications must be received by May 6th, 2016 at 4:30 p.m.

Applications can be dropped off at the Student Awards Office, Room 7-118 City Centre Campus.

Mail to: MacEwan University

Student Awards Office

Room 7-118, City Centre Campus

10700 104 Ave

Edmonton AB T5J 4S2

Fax: 780-497-5001



Microquest Inc. Office Assistant - Medical Major Award

Student ID#:	Name:
Program:	
Address:	
City/Town:	Province:
Postal Code:	Telephone:
What was your cumulative grade point avera	age for the Fall and Winter terms?
	experienced struggles due to financial, physical or eparate piece of paper if you require more space.)
under the authority of Part 2 of the Alberta I will be used for the purpose of Scholarship/s for one (1) record year from the date of the a	formation requested on this form is collected and protected Freedom of Information and Protection of Privacy Act. It Award Competition management. This form will be retained award announcement. Direct any questions about the on to: Administrator, Financial Aid & Awards, 10700-104 3.
I declare that the information in this a	application is correct and complete.
SIGNATURE:	DATE: