

Actuonix Motion Devices
Scholarship Application Form



APPLICANT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State/Province:	ZIP/Postal Code
Are you an American or Canadian Citizen?	Yes____No____	How long?
EDUCATION INFORMATION		
Post-Secondary Institution:		
Institution Address:		
Phone:	Major:	Year:
City:	State:	ZIP Code:
Are you currently enrolled in full-time studies? Yes____ No____		
AWARD INFORMATION		
Are you eligible to receive financial aid?	Yes____ No____	
Have you applied for this award in the past?	Yes____ No____	
EDUCATIONAL OR VOCATIONAL REFERENCES		
Name:	Relationship to you:	
Phone:	Email:	
Name:	Relationship to you:	
Phone:	Email:	
VERIFICATION		
I certify that all of the information in this application is accurate, complete and true to the best of my knowledge. I understand that Actuonix Motion Devices reserves the right to determine eligibility for the award. Furthermore, Actuonix Motion Devices Inc. reserves the right to cancel our scholarship program at any time.		
Name of applicant:	Date	
Signature of applicant:		

Applications can be submitted by mail or email to:



580 Starling Lane
Victoria, BC V9E2A9
marketing@actuonix.com