

# DEPARTMENT OF CLASSICS CRAKE TRAVELLING SCHOLARSHIP

## APPLICATION FORM (Please Print)

Name \_\_\_\_\_ Campus Mail Box # \_\_\_\_\_

Residence \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

P. O. Box/Street Address

Town/Province

Postal Code

E-mail Address \_\_\_\_\_

Years at Mount Allison \_\_\_\_\_ Credits Earned \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Honours \_\_\_\_\_

Classics Courses Taken (include year taken)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date