**Graduate Award/Bursary/Scholarship Application**

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| Award Name: | Andre Renaud Memorial Scholarship |
| **PERSONAL INFORMATION** | |
| Full Name: |  |
| Student Number: |  |
| NSID: |  |
| Address: |  |
| Email Address: |  |
| Phone: |  |
| **DEGREE & PROGRAM INFORMATION** | |
| Your year in program | Click here. |
| Department / Area of Study | Click here. |
| Degree: | Click here. |

**Applicants must complete the awards application form and include a letter explaining how they meet the eligibility requirements.  The letter should be addressed to Dr. Vicki Squires, Associate Dean** **(Research, Graduate Support, and International Initiatives). Email both documents to** [edadr@usask.ca](mailto:edadr@usask.ca) **or send by mail to:**

* Room 3048 – 28 Campus Drive

College of Education

Saskatoon SK S7N 0X1