

# SCHOLARSHIP RESIDENCY RÉSUMÉ for Student Information

Student Name

Social Insurance Number

--	--	--	--	--	--	--	--	--	--

**To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.**

## Student Information

Born in Canada?  Yes **If yes, indicate province**

No **If no, enter arrival information:** Date Arrived in Canada

Day	Month	Year

Date of Permanent Residency

Day	Month	Year

FROM		TO		SCHOOL					RESIDENCE ADDRESS
Month	Year	Month	Year	School Name	School Type*	City & Province/State & Country	Full Time >= 60%	Part Time <60%	City & Province/State & Country

\*For high school enter: HS \*For post-secondary school enter: PS

# SCHOLARSHIP RESIDENCY RÉSUMÉ for Parent Information

Student Name

Social Insurance Number

--	--	--	--	--	--	--	--	--	--

**To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.**

Parent 1 Information					Parent 2 Information				
Relationship to Student <input type="text"/>					Relationship to Student <input type="text"/>				
Born in Canada? <input type="checkbox"/> Yes <b>If yes, indicate province</b> <input type="text"/>					Born in Canada? <input type="checkbox"/> Yes <b>If yes, indicate province</b> <input type="text"/>				
<input type="checkbox"/> No <b>If no, enter arrival information:</b>					<input type="checkbox"/> No <b>If no, enter arrival information:</b>				
Date Arrived in Canada					Date Arrived in Canada				
Day		Month		Year	Day		Month		Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Permanent Residency					Date of Permanent Residency				
Day		Month		Year	Day		Month		Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM		TO		RESIDENCE ADDRESS	FROM		TO		RESIDENCE ADDRESS
Month	Year	Month	Year	City & Province/State & Country	Month	Year	Month	Year	City & Province/State & Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>