

Institutional Code

Educational Institution

## Declaration

I hereby declare that the students listed on the attached nomination list:

- Meet all of the eligibility criteria listed for this scholarship or award covering all qualifying and/or current periods of study.

I have read and understand the instructions, and declare that:

- All information provided on the attached nomination list, including any supplemental information provided, is true and complete and I understand that the information is subject to review and audit.
- Students attending elsewhere have been confirmed to have met their eligibility criteria for their qualifying year of study at our institution.
- I have the authority from my educational institution and its students to pass this information on to Alberta Student Aid for use in processing scholarship applications, for statistical analysis, research, program evaluation, and to be released publicly for program promotion.

Name

Position

Signature (in ink)

*X SIGN HERE*

Date

Day	Month	Year

**Return by email to:**

[AE.AlbertaScholarships@gov.ab.ca](mailto:AE.AlbertaScholarships@gov.ab.ca)