

Faculty of Graduate Studies  
University of Victoria  
Box 3025  
Victoria, BC V8W 3P2

Phone: (250) 721-7970  
Fax: (250) 721-8957

**APPLICATION FORM**  
**THE LANGFORD-SEABORNE SCHOLARSHIP**

**PERSONAL INFORMATION**

Name:
Mailing Address:
Email:
Student No.

**EDUCATION INFORMATION**

Department:	Degree:	Year:
-------------	---------	-------

*I declare that I am a member of the Snuneymuxw First Nation.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Please return this signed form to the Office of the Dean of Graduate Studies, University Centre, Room A209, by September 15.*