

Faculty of Graduate Studies
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APPLICATION FORM

THE LANGFORD-SEABORNE SCHOLARSHIP

PERSONAL INFORMATION

Name:
Mailing Address:
Email:
Student No.

EDUCATION INFORMATION

Department:	Degree:	Year:
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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.