

The Casey Family Scholarship Application Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6351 FAX (902) 457-6498 financial.aid@msvu.ca

msvu.ca

Established by the bequest from the estate of alumna Mabel Casey, Academy '19, this scholarship is awarded to a full-time student in any program of studies in financial need who exhibits exemplary scholastic ability.

Personal Informatio	n			
Student ID#	Last Name	First Name(s)		
Permanent Address Information		Town/City	Province	Postal Code
Local Address Information (if different from above)		Town/City	Province	Postal Code
()		er Mount Email Address		
Program of Study				
a statement of fin Application Deadline:	omit the following supplemental do nancial need : May 15	ocumentation along with	this application form:	
Chair, Undergradua Registrar's Office Evaristus Hall, Roon Mount Saint Vincen Halifax, NS B3M 2J	te Committee on Admissions and S n 204 t University	Scholarships		
financial.aid@msvu.	<u>ca</u>			
Date		Student S		

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