



NIAGARA COLLEGE APICE Scholarship Application



PERSONAL INFORMATION

Mr. Mrs. Ms. Miss

Date of Birth: _____ / _____ / _____
Year Month Day

Family Name: _____ Given Name(s): _____

Current Mailing Address: _____

Country: _____

Phone #: () _____ Fax: () _____

Email: _____ Country of Citizenship: _____

Scholarship Administered for: Asociación Panamericana de Instituciones de Crédito Educativo (APICE)

ACADEMIC INFORMATION

I am applying for partial Scholarship for the following program(s):

English as a Second Language Yes No

July Start date: _____ / _____ / _____ Finish date: _____ / _____ / _____
Year Month Day Year Month Day

Undergraduate Program Yes Name of Program _____

Graduate Program Yes Name of Program _____

Which term would you like to start in? (Please refer to the "Important Information" sheet for dates.)

September Start date: _____ / _____ / _____ Finish date: _____ / _____ / _____
Year Month Day Year Month Day

Have you taken an English Test (TOEFL, IELTS, etc.)? Yes No Name of Test _____ Score _____

This application must include your most recent high-school and university transcript, proof of English, letters of recommendation, a completed Niagara College Scholarship Application form, and an essay outlining why you feel you are the best candidate for the scholarship.

Signature of Applicant: _____ Date: _____

Signing above indicates that I understand there will be additional costs and I am aware and able to cover those costs.

For additional information, please contact:

APICE

Calle 57, No. 8 B-05, Local 46, Bogota, Colombia

Phone: (571) 212-3926 • Fax: (571) 212-4318 • E-mail: jmora@apice.org.co • Web: www.apice.org.co