



Scholarship Application Form

Completed application forms **must include academic transcripts** and should be mailed to:

Aune Koivula Children's Fund
405 – 70 Erskine Avenue
Toronto, ON M4P 1Y2

or Fax to: 416.486.1592

Surname _____

Given Names _____

Address _____

Postal Code _____

Telephone _____

E-Mail Address _____

Date of Birth _____

Institution/School _____

Year of Study _____

Field of Study/Study Plan _____

Signature _____

Date _____