



2250 Park Street
 Regina, SK S4N 7K7
 Phone 306.565.5343
 scholarship@myaccess.coop

Statement of Accuracy for Students

I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge. I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

I hereby understand that if chosen as a scholarship winner, I must be present at any potential awards ceremony, graduation, event, or reception to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to Access Communications the first-semester transcript from my post-secondary institution as proof of enrollment. The scholarship will be paid directly to me.

I hereby acknowledge that I must provide my social insurance number with this application according to Canada Revenue Agency guidelines. Access Communications will issue a T4A to me for the scholarship funds that I have received.

I authorize Access Communications to collect and use my personal information for the purpose of administering the Scholarship as required by law in order to comply with required taxation reporting.

Acceptance of the Access Communications Doug Alexander Scholarship award constitutes permission to use my name, photo, voice, and/or appearance in any photos, video recordings, digital images, and the like, taken or made on behalf of Access Communications for promotional purposes without additional compensation, unless prohibited by law.

Signature of scholarship applicant: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____

(if applicant is under the age of 18)

Statement of Support by Principal, Guidance Counsellor, Parent or Legal Guardian

I hereby affirm that this applicant, _____, meets the criteria set forth and that I support this application to Access Communications Doug Alexander Scholarship Program.

Name of individual supporting the application: _____

High School (if applicable): _____

Contact information (email and phone): _____

Signature: _____

Date: _____