



THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT MCGILL UNIVERSITY

Nomination Form for the 2019-2020 Academic Year

PLEASE NOTE: This application is for MASTER's (non-thesis) applicants only.

SECTION 1: STUDENT INFORMATION

Family/Last Name First/Given Name Date of Birth (DD/MM/YYYY)

McGill ID Number (if applicable) uApply Username Email Address

Please list the program(s) at McGill to which you are applying:

SECTION 2: NOMINATOR INFORMATION

Family/Last Name First/Given Name Middle Names (if applicable)

Title Department Affiliated University

Phone Number Ext. Email

Are you a: Faculty Member Administrative Staff Member Other: _____

How do you know the applicant? _____

How long have you known the applicant? _____



Scholars
Program

I, _____ (Nominator) hereby nominate _____ (student applicant) for the Mastercard Foundation Scholars Program at McGill University. I certify that this student meets the Eligibility Criteria for this scholarship and fulfills the minimum requirements to be considered for admission to the university.

Signature

_____/_____/_____
Date (MM/DD/YYYY)