



THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AT MCGILL UNIVERSITY

Nomination Form for the 2020-2021 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)
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McGill ID Number (if applicable)	uApply Username	Email Address
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Please list the program at McGill to which you are applying:

SECTION 2: NOMINATOR INFORMATION

Family/Last Name	First/Given Name	Middle Names (if applicable)
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Title	Department
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Phone Number	Ext.	Email
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Are you a: Faculty Member Administrative Staff Member Other: _____

How do you know the applicant? _____

How long have you known the applicant? _____

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)
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