

STUDENT INFORMATION

STUDENT 1

Student ID:

First Name:

Last Name:

Phone Number:

Email:

I am currently: enrolled at Trebas Institute a prospective Trebas Institute student

STUDENT 2

Student ID:

First Name:

Last Name:

Phone Number:

Email:

I am currently: enrolled at Trebas Institute a prospective Trebas Institute student

CONSENT:

I agree to participate in the Family Scholarship Program and agree to have the Trebas Institute provide my family member, as named on this application, with my registration status for the purpose of confirming eligibility for the tuition credit or financial payment. I agree to the terms and conditions of the Family Scholarship Program and understand that I am not eligible for a financial reward through this program.

PRIVACY NOTICE:

The personal and educational information you provided on this form may be shared with departments of the Quebec Provincial and Canadian Federal government as required by legislation and regulation. If you have any questions, please contact us at infomtl@trebas.com. We confirm that by applying for admission with the Trebas Institute, you consent to the collection, use, and disclosure of your personal information as described in this letter.

STUDENT 1

Full Name:

Signature:

Date:

STUDENT 2

Full Name:

Signature:

Date: