



QUADRO SCHOLARSHIP APPLICATION

Please ensure you have included proof of enrollment and all other required documentation.

Applicant's Name _____

Applicant's Address _____

Social Insurance # _____
(for T4A if scholarship awarded)

Parents's Name _____

Phone Numbers Home: _____ School: _____

Email Address _____

Post Secondary Facility _____

Chosen Field of Study _____

Date: _____ Signature: _____

Return Application By:

Mail

Quadro Communications
1845 Road 164, PO Box 101
Kirkton, Ontario, N0K 1K0

Email

customer.care@quadro.net

In Person

1845 Road 164 Kirkton, ON.
159 Main Street Lucan ON.
485 James Street South Unit 2
St. Marys ON