

## INFORMATION ON THE CANDIDATE

Full Name: \_\_\_\_\_  
Name Surname

Address: \_\_\_\_\_  
Street City Province/Territory Postal code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Ind.

Birthdate:     /     /     Are you a Canadian citizen? Yes No  
DD MM YYYY

Name of parents  
or legal  
guardian(s): \_\_\_\_\_  
Father or legal guardian Mother or legal guardian

Name of the study program: \_\_\_\_\_

Start date:     /     /     Length of the program: \_\_\_\_\_ year(s)  
DD MM YYYY

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## Tell us about you!

In less than 200 words, tell us how you are committed to your field of study.

When you're finished, download the form and email it to [communications@eacom.ca](mailto:communications@eacom.ca) with the following documents:

- Proof of registration in your study program ;
- Report card from your previous school year.

