

SCHOLARSHIP AND BURSARY APPLICATION FORM

Please print clearly.	
Full Name	
Student Number	
E-mail address	
Telephone Number	
Mailing Address	
Birthday (YYYY-MM-DD)	
Social Insurance Number	
Diploma Program:	
Online Portfolio URL: (if applicable)	
Max the Mutt College of Animation, Art & D privacy and the information you submit w Max the Mutt's financial office for tax purpo	cation you are agreeing to release the information contained in this application to be be be be be be be sign for the purpose of consideration for financial aid. Max the Mutt respects your will be kept confidential and released only to the scholarship committee for review and to be sessionally you receive financial aid. You further acknowledge that acceptance of the be be omise or guarantee that you will receive any financial aid, and that such decisions are arship committee.
Signature of Student	Date

Max the Mutt College of Animation, Art & Design 2944 Danforth Avenue, Suite 201, Toronto, ON M4C 1M5 Canada Toll-free: 1-877-486-MUTT Phone: (416) 703-6877 Fax: (416) 703-3930 www.maxthemutt.com info@maxthemutt.com