



## EDUCATION INFORMATION (Cont)

Current Academic Year: 2010-2011

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Program Length

Year of Program you are enrolled in:

1st  2nd  3rd  4th  Other \_\_\_\_\_  
Specify

\_\_\_\_\_  
Start Date: Day / Month / Year

\_\_\_\_\_  
End Date: Day / Month / Year

Have you previously received a Slovakia-Slovak Association Scholarship? Yes  No

If yes, how many scholarships have you received, excluding this one? \_\_\_\_\_

## DECLARATION OF APPLICANT

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS, AND DECLARE THAT:

- all information provided is true and complete and I understand it is subject to audit;
- I will be a full-time student at the institution named for the period stated;
- I will immediately notify Alberta Scholarship Programs in writing if I withdraw from full-time studies before completing one semester of studies.

I UNDERSTAND AND AGREE THAT:

- my personal information pertaining to my post-secondary academic record may be released and exchanged by and between Alberta Scholarship Programs and the educational institution for the purpose of determining my eligibility for a scholarship;
- my personal information pertaining to my post-secondary academic enrollment status may be released and exchanged by and between Alberta Scholarship Programs and the educational institution for the purpose of determining my eligibility for a scholarship;
- my personal information may be released and exchanged by and between the department of Alberta Advanced Education and Technology and any provincial government departments, boards or institutions to verify the information I have provided to Alberta Advanced Education and Technology, and for the use in research and statistical analysis in program evaluation.

I authorize Alberta Advanced Education and Technology to release my name, award and home town if I receive a scholarship.

\_\_\_\_\_  
Signature (in ink)

\_\_\_\_\_  
Today's Date (in ink)