Lohana Charitable Foundation

Post-Secondary Scholarship
Candidate Declaration Form

I declare that:

1. ☐ All information I have provided in my application is true, complete, and accurate to the best of my knowledge

2. ☐ I have read and understood the eligibility section of the Lohana Cultural Foundation/Association Scholarship Program and fulfill each and every requirement listed below:

   a) ☐ I am currently in the graduating year from a Canadian Secondary School/Quebec CEGEP/Other academic institution

   b) ☐ I am entering, for the 2009-2010 academic year, the first year of full time studies at an approved post-secondary institution including but not limited to a Canadian college or university; a Quebec accredited collegial institution and others

   c) ☐ I am enrolled in an academic course of study leading to a first degree or diploma and will achieve a passing grade in all courses in the 2009-2010 academic year

   d) ☐ I am a Canadian citizen or a Permanent Resident (landed immigrant)

   e) ☐ I have been a paid member of the Lohana Charitable Foundation for the current year (2009) and the preceding 2 calendar years (2008 and 2007)

   f) ☐ I am not an immediate family member of the LCF Scholarship Selection Committee

   g) ☐ I am not in recipient of scholarships, bursaries and other financial awards and assistance that will not have to be repaid amounting to $6,000 for the 2009-2010 academic year

   h) ☐ I am committed to providing one year of service to the Lohana Charitable Foundation's Board of Directors during or upon completion of academic studies

I understand and agree that:

1. ☐ My application may be subject to verification

2. ☐ Other than the requested information, no additional material will be considered

3. ☐ If I am selected as a scholarship recipient, my name, and photograph may be released and used for publicity purposes associated with the Lohana Charitable Foundation Scholarship Program

4. ☐ If I am selected as a scholarship recipient, my transcripts will be reviewed by an independent third party for the verification component of the scholarship process

5. ☐ Application materials will not be returned

6. ☐ If I am selected as a scholarship recipient and it is determined that I have falsified any aspect of my application and/or do not meet all of the eligibility criteria, I will be held liable to reimburse the LCF for all awards provided

I have included (or will include) the following:

☐ Completed Scholarship application form – Candidate Information **(due May 15, 2009)**

☐ Candidate Declaration Form, completed, signed and dated **(due May 15, 2009)**

☐ Official Transcripts & Post-secondary institution acceptance letter (**due July 3, 2009**)

Candidate's signature **Date**

_____ _____

Parent's/legal guardian signature **Date**
(if Candidate is under the legal age of 18)

_____ _____

This Form Must be Printed, Signed & Mailed to

Lohana Charitable Foundation
P. O. Box 927
Adelaide Post Office
Toronto, Ontario, M5C 2K3

By **no later than May 15, 2009**