

DEPARTMENT OF CLASSICS CRAKE TRAVELLING SCHOLARSHIP

APPLICATION FORM (Please Print)

Name _____ Campus Mail Box # _____

Residence _____ Telephone # (____) _____

Home Address _____

P. O. Box/Street Address

Town/Province

Postal Code

E-mail Address _____

Years at Mount Allison _____ Credits Earned _____

Year of Graduation _____ Degree _____

Major _____ Minor _____ Honours _____

Classics Courses Taken (include year taken)

Signature

Date