

# HUSCROFT EDUCATIONAL TRUST

## PAYMENT REQUEST FORM

Please complete with large, bold, and dark **BLACK** letters so that ALL information will be readable after faxing or scanning this form. Writing like this *fun2mailw4fun@hotmail.com* or this *604-428-1275* is NOT acceptable.

### A. Personal Information

1. Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

2. Age \_\_\_\_\_ Date of Birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Marital Status \_\_\_\_\_ Social Insurance # \_\_\_\_\_

3. Address (All correspondence will be sent to this address.)

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province / State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

4. Huscroft Family Group Affiliation (Dulce, Kate, Ken, Kevin, Patricia) Relationship \_\_\_\_\_

5. Parents' Names \_\_\_\_\_ Telephone \_\_\_\_\_

6. Contact Person

Please name a person to contact if you cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

7. Declaration

I declare that all statements on this application are true and complete. I authorize the release of any academic information held or to be held by any educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Advisory Board of the Huscroft Educational Trust. I give permission for my name to be published should I be selected to receive an Award. I agree that the Award will only be paid to me if I enroll as planned in an educational institution as outlined in this application. I agree that the Award will only be paid to me if I maintain a course load and academic standing that is acceptable to the Advisory Board. If I withdraw before completing my program of study, I understand I may be requested to repay all, or part of the Award received.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**B. Bank Information**

1. Would you like to be paid by wire transfer? Yes \_\_\_ No \_\_\_

If you answered "yes" to question 1 above, please fill out the following banking information such that a wire transfer can be implemented. If you answered "no", a cheque will be sent to your address as entered previously.

2. Bank Name \_\_\_\_\_

3. Bank Location \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province / State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

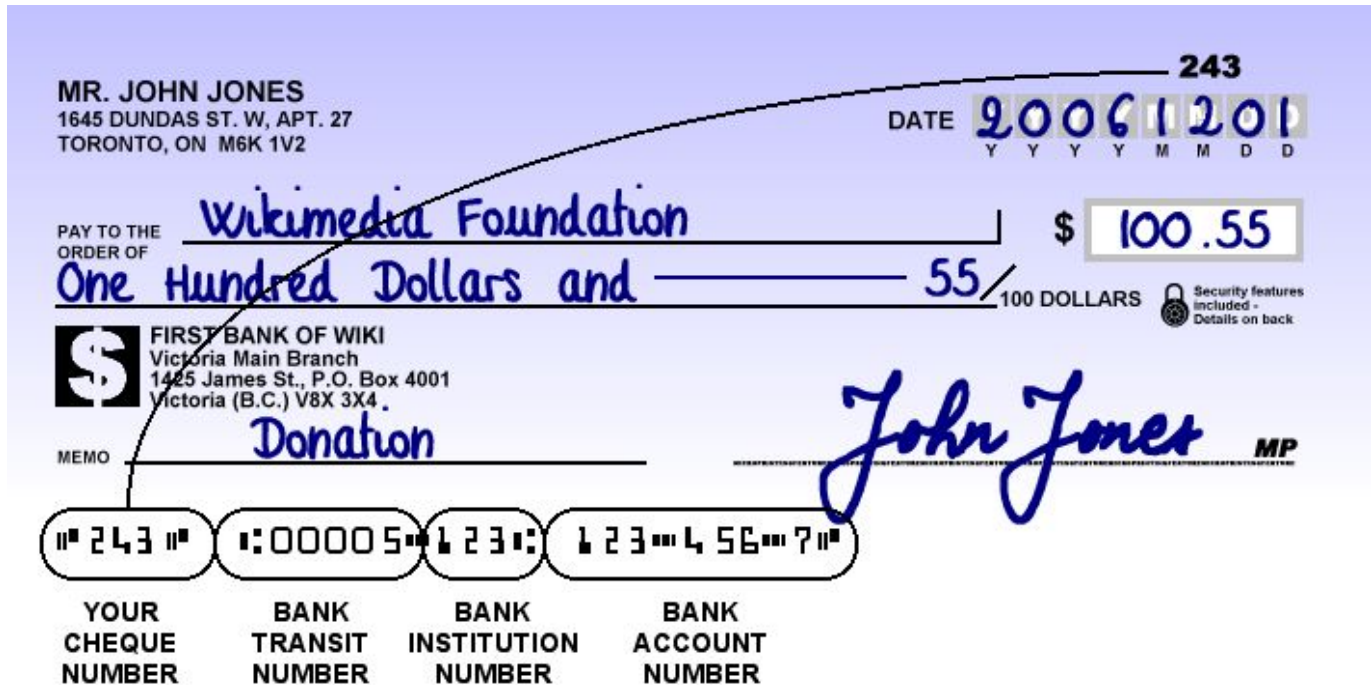
4. Bank Transit # \_\_\_\_\_ (always 5 digits)

5. Bank Institution # \_\_\_\_\_ (always 3 digits)

6. Bank Account # \_\_\_\_\_ (all the remaining digits on your cheque as shown below)

7. Account Owner's Name \_\_\_\_\_

The following example shows where this information is marked on a typical Canadian bank cheque.





**HUSCROFT EDUCATIONAL TRUST**

**AUTHORIZATION FOR RELEASE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province /State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Educational Institution \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province /State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Authorization**

I authorize the release of any academic information held or to be held by this educational institutions relating to my application, including but not limited to admittance, registration and transcripts, to the Huscroft Educational Trust.

Signature \_\_\_\_\_ Date \_\_\_\_\_