



UWFA RAS/UWFA Collegiate Employees Employee Tuition Scholarship Application Form

Eligible employees, their spouses, and uses

EMPLOYEE DETAILS	
Employee Name	
Department	

STUDENT DETAILS			
Student Name			
UofW Student Number			
Social Insurance Number			
Date of Birth (dd/mm/yyyy)			
Registration Status	<input type="radio"/> Full-Time*	<input type="radio"/> Part-Time	
Academic Session	<input type="radio"/> Fall/Winter	<input type="radio"/> Spring/Summer	
Degree Program	<input type="radio"/> 3 Year	<input type="radio"/> 4 Year	<input type="radio"/> Honours
	<input type="radio"/> Education (after degree)	<input type="radio"/> Education (integrated)	
Relationship to Employee	<input type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Dependent
Marital Status if a dependent	<input type="radio"/> Single	<input type="radio"/> Married/Common-Law	