

LAST NAME (AS IT APPEARS ON PASSPORT)	FIRST NAME (AS IT APPEARS ON PASSPORT)	
PROGRAM OF INTEREST (PLEASE USE OFFICIAL NAME AS USED BY BLYTH) Add Term (if applicable)		
COURSE OF INTEREST (International Summers Only)	HOME SCHOOL	
STUDENT EMAIL	PARENT EMAIL	
HOME ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE
HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	

Have you previously applied for Blyth Financial Aid? Yes No

HOW HAVE YOU SUBMITTED YOUR PROGRAM APPLICATION FORM?

- INCLUDED IN THIS PACKAGE
- MAILED AT AN EARLIER DATE
- APPLIED ONLINE

*PLEASE NOTE THAT FINANCIAL AID APPLICATIONS CANNOT BE ASSESSED UNTIL STUDENTS HAVE SUBMITTED THE PROGRAM APPLICATION FORM ALONG WITH DEPOSIT & REGISTRATION FEE.

WHY HAVE YOU CHOSEN TO PARTICIPATE IN THIS BLYTH S PROGRAM OF INTEREST?

DESCRIBE THE ACHIEVEMENTS (ACADEMIC AND OTHER) YOU ARE MOST PROUD OF IN THE PAST YEAR

DESCRIBE YOUR WORK EXPERIENCE TO DATE

DESCRIBE YOUR VOLUNTEER EXPERIENCE TO DATE

DESCRIBE YOUR INTEREST IN TRAVEL. WHERE HAVE YOU TRAVELLED AND WITH WHOM, AND WHERE WOULD YOU LIKE TO TRAVEL IN THE FUTURE?

HOW HAVE YOU DEMONSTRATED LEADERSHIP IN YOUR WORK, VOLUNTEER AND OR AREAS OF PERSONAL INTEREST?

WHY DO YOU THINK YOU SHOULD BE AWARDED FINANCIAL AID FOR THIS PROGRAM?

HOW DO YOU PLAN ON CONTRIBUTING FINANCIALLY TO THE COST OF THE PROGRAM?

STUDENT SIGNATURE: _____

PARENT / GUARDIAN SIGNATURE: _____