



AppliCad

Global Learning for the Future
Scholarship Program

2020 AppliCad Scholarship Application Form

First (given) name:

Family name:

Home address:

Email address:

Dear Ray,

2020 AppliCad Scholarship Application Form

I herewith wish to apply to be considered as a 2020 AppliCad Scholarship recipient. I confirm that I am between 18 and 25 years old, and that I have access to a computer (Windows) and internet.

- I will send you more information about why I would like to learn AppliCad software in my email to you, OR
- I will send you more information about why I would like to learn AppliCad software in my 2-minute video message which I will send to you via email.
- Yes, I give permission to AppliCad to review my application for the purposes of selecting a successful scholarship candidate.
- Please send the electronic copy of my certificate of completion to this email address:

Kind regards,

(Your name and signature)

Date: _____