



SCHOLARSHIP PROGRAM APPLICATION

		-	engible to enroll in o		•
NAME					
ADDRESS					
CITY		PROVINCE	P	.C.	
TELEPHONE		EMAIL ADDRESS			
DATE		SIGNATURE			
• "Who you are and your journey to and in Spiritualism". This essay to speak to your experience and capabilities. (At least 500 words)					
Confirm the one essay is attached by initialling here					
Are you a current subscribing member of the Spiritualist Church of Canada for a minimum of o				of one year?	Yes / No
Are you currently enrolled in our Education Program?					Yes / No
If Yes, please indicate the courses you have completed in the section below.					
Places list all SCC sources completed and Association Contificates was commented and					
Please list all SCC courses completed and Accreditation Certificates you currently hold					
Course/Certificate					
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	Course/Ce	rtificate		Year R	eceived
	not write your name on the es nolarship will be awarded. Plea education@s	says; this will ensur	ation along with you anada.com	osing to whor	
sch	not write your name on the es nolarship will be awarded. Plea education@s	says; this will ensur se email this applic piritualistchurchofc	ation along with you anada.com	osing to whor	n the