



ATHABASCA UNIVERSITY GRADUATE STUDENTS' ASSOCIATION

Application: AUGSA Awards and Bursaries

Award/ Bursary Sought: _____ Date: _____

Name: _____

Mailing Address: _____

Mailing Address (cont'd) _____

Phone: daytime _____ evening _____

Faculty: _____

Student ID Number: _____ Email: _____

Information pertinent to award or bursary: (add extra page if necessary)

MAILING ADDRESS:

10818 JASPER AVENUE, PO Box 35092 EDMONTON, AB T5J 0B7

PHONE: 1.866.625.5943 FAX: 780.497.7003 WEBSITE: WWW.AUGSA.COM FACEBOOK: AUGSA TWITTER: @augsa