



Horatio Alger Scholarship Office
 151 Bloor St West, 12th Floor
 Toronto, ON, M5S 1S4

**Vocational & Technical Education (VTE)
 Scholarship Program**

Verification of Good Academic Standing

For questions contact canadascholar@horatioalger.ca | (800) 684-9040

This Verification of Good Academic Standing certifies that the below student is currently enrolled and in Good Academic Standing at the stated institution. **Please note, all information will be verified for accuracy and falsification of information may result in scholarship forfeiture.**

Students **MUST** upload this completed and signed form to their online Request for Funds each term.

Do NOT leave any areas blank.

A. Student Authorization

I, _____, grant permission for _____
 (Student Full Name) (Name of School)
 to provide information regarding my academic standing and progress to the Horatio Alger Association Scholarship Office to meet requirements for my scholarship disbursement.

 (Student Signature)

 (Date | (MM/DD/YYYY))

B. Student Academic Information (All fields are required)

Student Last Name: _____ First: _____ Middle Initial: _____

Program of Study

a. Degree student will earn upon graduation: Diploma Certificate Red Seal

b. Program Name (i.e., Nursing, IT, Welding): _____

Current Academic Status

c. New student Returning student

d. Good Academic Standing Academic Probation Not Enrolled

e. Full-time (for their program) Part-time (for their program)

f. Has the student completed **all required prerequisite** classes for their program? Yes No Not Applicable

g. Total number of credit/clock hours **required** to complete program: _____

h. Total number of credit/clock hours **earned** to date: _____

i. Total number of credit/clock hours **currently** enrolled in: _____

j. Cumulative GPA: _____ Not Applicable

k. *Estimated Graduation Date (mm/yyyy): _____ **Please estimate to the best of your knowledge*

l. Notes (optional): _____

C. School Official Approval (i.e., Academic Advisor, Program Director, Registrar's Office)

Signature of School Official: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Name of School: _____

Does your institution accept Electronic Funds Transfer (EFT) payments: Yes No

Our scholarship office will reach out directly to process EFT payments