

SIGNATURE PAGE OF APPLICANT

Cyril O. Houle Scholars

IN ADULT & CONTINUING EDUCATION PROGRAM

Name of Applicant _____

Country of Applicant _____

I certify that I have completed this application accurately and truthfully.

I understand that my application will be reviewed initially by the Cyril O. Houle Scholars in Adult and Continuing Education Program selection committee and that, if invited, I will attend a personal interview before final selections will be made. In submitting this application, I give my permission for it and any attachments and recommendations to be shared and/or copied for these purposes.

If awarded a fellowship, I agree to fully participate in all activities planned for the Cyril O. Houle Scholars in Adult and Continuing Education Program.

I understand that failure to fulfill ANY program requirement may lead to termination of the award.

Applicant's Signature _____

Date _____