

CHAMPLAIN COLLEGE LENNOXVILLE  
Support Staff Union

Support Staff Student Award Application Form

Applicants Personal Information

_____	_____	_____
First name	Last name	Student ID #
_____		_____
Address		Apt #
_____	_____	_____
City	Province	Postal Code
		Telephone

Mother Tongue: \_\_\_\_\_

Highschool Attended: \_\_\_\_\_

Name of Champlain College Lennoxville faculty member who we can contact as a reference:

\_\_\_\_\_

Please return completed application before the end of the Winter Final Exams to the campus bookstore or by email to [ssu-lennox@crcmail.net](mailto:ssu-lennox@crcmail.net)

**\*\*Explain the challenges you have overcome by enrolling in an English college.**

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