



NELSON

E D U C A T I O N

NELSON EDUCATION LTD

G.E.D. GRADUATE SCHOLARSHIP

APPLICATION FORM

Name: (Last)..... (First)..... (Initial)

Address:.....

City/Town:.....

Province:.....Postal Code:.....

Telephone: (Home)..... (Business).....

email address:.....

Social Insurance Number:-.....-.....

When did you pass the GED Tests ?..... (Month/Date/Year)

Where did you write the GED Tests ?..... (City/Province)

Note: Return completed application form and other required materials and documents as outlined in conditions of application to:

**Attention: Jackie McEwan
Higher Education
Nelson Education Ltd.
1120 Birchmount Road,
Toronto, ON M1K 5G4**

**For additional information contact Jackie McEwan, Higher Education,
Nelson Education Ltd. at 1-800-914-7776 at Extension 3389.**

Fax 416-750-3851 E-mail: jackie.mcewan@nelson.com