



1600-3800 Memorial Dr NE

Calgary, AB T2A 5H5

P: 587.393.7302

F: 780.485.6081

## General Hillier Valour and Service Veterans and Military Families Scholarship

### APPLICATION FOR ADMISSION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street Address City and Province Postal Code

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Cell / other mm dd yyyy

Email: \_\_\_\_\_  
By providing your email address to us, you consent to receiving electronic communications from MaKami College or MaKami College Education Foundation.

### ABOUT THIS AWARD

The General Hillier Valour and Service Veterans and Military Families Scholarship reflects our shared commitment to recognizing the sacrifices and service of Canadian veterans, active military members, and their families. Named in his honour, General Hillier's leadership and legacy bring strength and integrity to this initiative, helping guide the development and selection process. Established by the founding family of MaKami College, whose generous initial donation helped launch the fund, in collaboration with the MaKami College Education Foundation, this scholarship is a lasting tribute to those who have served Canada and a meaningful step toward supporting their future through education. This award is renewable for multi-year programs, based on academic performance and attendance.

### ELIGIBILITY INFORMATION

*This section outlines the eligibility criteria for the award. Please review each item carefully, check all applicable boxes, and attach the required documentation to confirm your eligibility.*

- ☐ Currently serving member of the Canadian Armed Forces - Years of Service\_\_\_\_\_.
- ☐ Veteran of the Canadian Armed Forces - Years of Service\_\_\_\_\_.
- ☐ Spouse or child of a currently serving member or veteran.
- ☐ Veteran caregiver as defined by Veterans Affairs Canada's Caregiver Recognition Benefit.
- ☐ Short personal essay outlining background, goals, and motivation for applying.
- ☐ Proof of service or relationship to a qualifying service member or veteran.
- ☐ Documentation confirming caregiver status (if applicable).

### DECLARATION

I, \_\_\_\_\_, have read the above information and understand all that it states.  
I have answered all questions honestly, to the full extent of my current knowledge.

\_\_\_\_\_  
First and Last Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

For Office Use Only

Notes:

- ☐ Meets Requirements
- ☐ Accepted ☐ Denied ☐ Waiting List