



INFORMATION REQUIRED BY CANADA REVENUE AGENCY (CRA) FOR T4A FILING
SCHOLARSHIPS AND AWARDS

Please return the completed form as an attachment via email to:
infocfns@cfns-fcne.ca (please save form using the following format:
T4A_INFO_FIRST NAME_LAST NAME)

Scholarship/Award Information

Award Name: _____ Award Amount: _____
Award Issued to: _____
Approved by: _____ School or Student: _____
Please allow 2 weeks for cheques to be issued.
CFNS will issue A T4A for Income Tax Purposes.

Special Instructions:

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address and Mailing Address Apartment/Unit #

City Province Postal Code

Phone: _____

Email _____

Social Insurance #: _____ Student ID: _____

School Attending: _____

Campus Address: _____
Street Address

City Province Postal Code

To Be Completed by CFNS
Check Payable to Student or School (Please Circle Response)
Check Number: _____ Date: _____
Transaction Number: _____