



**COMMUNITY FOUNDATION
FONDATION COMMUNAUTAIRE
OF NOVA SCOTIA
DE LA NOUVELLE-ÉCOSSE**

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

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

Scholarship/Award Information

Award Name: _____ Award Amount: _____

Please allow two (2) weeks for cheques to be issued. CFNS will issue a T4A for Income Tax Purposes.

Special Instructions:

Personal Information

Full Name: _____
Last First Middle Initials

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

City Province Postal Code

Phone: _____

Email: _____

SIN: _____ **Student ID (if applicable):** _____

Post-secondary Institution: _____

Campus Address: _____
Street Address

City Province Postal Code

TO BE COMPLETED BY CFNS

Cheque payable to student or school (please circle response)

Cheque number: _____ Date: _____

Transaction number: _____ Approved by: _____