



Flynn Group of Companies Scholarship Employee Consent Form

Scholarship Name	
Scholarship Name:	
Applicant	
Applicant Name:	
Applicant Email:	
Account Number (if known):	
Employee Information	
Employee Name:	
Name of Employer:	
Position:	
Work Location – Please specify using one of the following options: a) Canada – Office Staff b) Canada – Field Staff c) United States – Office Staff d) United States – Field Staff	
Employee Number:	
Declaration of Employee Eligibility	
<p>You are asked to complete this form as the parent or guardian of a dependent applying to a scholarship program administered by Universities Canada. To complete the application process, some information from you is required to confirm that your dependent is an eligible scholarship candidate under the terms of the program. This information will not be used or disclosed for any other purpose unless required or authorized by law. By completing and submitting this form you are consenting to the collection, use, disclosure and retention of this personal information for the above-stated purposes. You may refuse to provide this information to us or withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. In either case, this may limit your dependent's scholarship eligibility.</p> <p>A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at www.univcan.ca. Please contact the Privacy Officer by email at privacy@univcan.ca should you have any privacy related questions or concerns.</p> <p>To confirm your relationship with the applicant and to provide your employment details, please submit the completed form via email or uploading it to the application portal. This form must be received on or before the deadline noted in the program guidelines.</p> <p>After reviewing the scholarship program guidelines, I confirm that by the deadline date, I will meet all employee eligibility requirements.</p>	
Date:	Signature:

