



**SERGIO POGGIONE MEMORIAL SCHOLARSHIP APPLICATION**  
**FOR**  
**UNIVERSITY OF ALBERTA IAPP CERTIFICATE PROGRAMME**

Name:

Phone Number:

Address:

Fax:

E-Mail:

Current Position and Duties:

Previous ATIP Experience:

Why you want to take the Certificate Programme and what do you hope to get out of it?

Please attach a current CV and mail this application to CAPA, 207 Bank Street, Suite 237, Ottawa, Ontario K2P 2N2, or e-mail it to [info@capa.ca](mailto:info@capa.ca), by **March 1, 2020**. See **scholarship rules before applying**.