



LLOYDMINSTER PUBLIC SCHOOL DIVISION SCHOLARSHIP APPLICATION FORM

This form is to be completed and attached to other required information when applying for the following Scholarship by May 31st. Please submit via mail to the address listed below.

Scholarship: **Jeff Torry Memorial Scholarship**

Name of Applicant in full: _____

Address of Applicant: _____
Street/Box no. City

Province Postal Code Phone Number

Date of Birth: _____

High School(s) Attended: _____

Email Address: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Name of Institution You Plan To Attend: _____

Course You Plan To Take: _____

Length of Course: _____ Degree/Diploma Sought: _____

**Payment will be made upon receipt of evidence of Registration at the
above named institute.**

Signature of Applicant

**Mail To: Lloydminster Comprehensive High School
Scholarship Committee
5615 42 Street
Lloydminster, AB
T9V 0A2**