

## 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.

Scholarship:	Allan Craig Es	say	
Name of Applic	ant in full:		
Address of App	licant:		City
		Street/Box no.	City
Pı	rovince	Postal Code	Phone Number
Date of Birth: _			
High School(s)	Attended:		
Name of Paren	t/Guardian:		
Address of Pare	ent/Guardian:		
Name of Institu	tion You Plan To	o Attend:	
Course You Pla	an To Take:		
Length of Cours	se:	_Degree/Diploma Sought: _	
Payment	will be mad	e upon receipt of ev above named ins	vidence of Registration at the titute.
		ership Committee Chairman of ship and also certify that the al	changes of my educational plans that would bove information is correct.
			Signature of Applicant

Scholarship Selection Committee Mail To: Lloydminster Public School Division 5017 – 46 Street

Lloydminster, AB

T9V 1R4