



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: Dr. W.D. Brooker

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.

I hereby agree to notify the Scholarship Committee Chairman of changes of my educational plans that would affect my eligibility for this Scholarship and also certify that the above information is correct.

Signature of Applicant

Mail To: Scholarship Selection Committee
Lloydminster Public School Division
5017 – 46 Street
Lloydminster, AB
T9V 1R4