# *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:* **Glyn Davies**

*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***