

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:	Hartnell/MacA	rthur Scholarship	
Name of Applic	cant in full:		
Address of App	olicant:	Street/Box no.	
		Street/Box no.	City
F	Province	Postal Code	Phone Number
Date of Birth: _			
High School(s)	Attended:		
Name of Parer	nt/Guardian:		
Address of Par	rent/Guardian: _		
Name of Institu	ıtion You Plan T	o Attend:	
Course You Pl	an To Take:		
Length of Cou	rse:	Degree/Diploma Sought: _	
Payment	will be mad	le upon receipt of ev above named ins	vidence of Registration at the titute.
	-	arship Committee Chairman of rship and also certify that the a	changes of my educational plans that would bove information is correct.
			Signature of Applicant

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

T9V 1R4