



## 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: **Kathleen Ostram Memorial**

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**