

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.

Name of Ar	oplicant in full:		
Address of	Арріісапт	Street/Box no.	City
	Province	Postal Code	Phone Number
Date of Birt	h:		
High Schoo	ol(s) Attended: _		
Name of Pa	arent/Guardian:		
Address of	Parent/Guardia	n:	
Name of Ins	stitution You Pla	an To Attend:	
Course You	ı Plan To Take:		
Length of C	Course:	Degree/Diploma Sought:	
Payme	nt will be n	nade upon receipt of ev above named ins	ridence of Registration at the titute.
			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