

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:	European Inst	itute of Esthetics	
Name of App	olicant in full:		
Address of A	pplicant:	Street/Box no.	
		Street/Box no.	City
	Province	Postal Code	Phone Number
Date of Birth.	:		
High School((s) Attended:		
Email Addres	SS:		<u>.</u>
Name of Par	ent/Guardian:		
Address of P	arent/Guardian: _		
Name of Inst	itution You Plan T	o Attend:	
Course You	Plan To Take:		
Length of Course:Degree/Diploma Sought:			
Paymen	t 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			