

T9V 1R4

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: Lloydminster Construction Association			
Name of Ap	plicant in full:		
Address of A	Applicant:	Street/Box no.	
		Street/Box no.	City
	Province	Postal Code	Phone Number
Date of Birth:			
Name of Pa	rent/Guardian:		
Address of Parent/Guardian:			
Name of Institution You Plan To Attend:			
Course You	Plan To Take:		
Length of Course:Degree/Diploma Sought:			
Paymer	nt will be ma	de upon receipt of ev above named ins	vidence of Registration at the titute.
		plarship Committee Chairman of arship and also certify that the a	changes of my educational plans that would bove information is correct.
			Signature of Applicant
Mail To:	-		