LLOYDMINSTER KINSMEN SCHOLARSHIP

This \$500 scholarship is available to a LCHS graduate entering a field of study of two or more year's duration.

Selection is based on community involvement and general academic proficiency.

All candidates must submit the application by May 31 to:

Lloydminster Kinsmen Scholarship Lloydminster Public School Division 5017-46 Street Lloydminster AB T9V 1R4

NOTE: All essays received in application for this award will be forwarded to the Lloydminster Kinsmen Club for their information.

Lloydminster Kinsmen Scholarship



The form is to be completed and attached to other required information when applying for this scholarship

Scholarship: Kinsmen Club of Lloydminster				
Name of Applicant:				
(1	Last Name)	(First Name)		
Address of Applicant:				
	Street/Box No.	City		
Province	Postal Code		Phone Number	
Date of Birth:		· ·		
High School(s) Attended:			J - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
E-mail Address:	- AND			
Name of Parent/Guardiar	n:			
Address of Parent/Guardi	ian:			
	Street/Box No.	City		
Province	Postal Code		Phone Number	
Name of Institution You F	Plan to Attend:			
Anticipated Course of Stu	dy:			
Length of Course:	Degree/Diploi	ma Sought:		

Other Required Information:

- > Recent Resume highlighting work & community involvement
- > 500 word essay on the following topic:
 - The Kinsmen's motto is "Serving the Community's Greatest Need" in your opinion, what is the greatest need for our community, and how would you address it?

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