***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:*** Choose an item.

***Name of Applicant in full:*** Click here to enter text.

***Address of Applicant:***

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| ***Street/Box No.***  | ***City*** |
| Click here to enter text. | Click here to enter text. | ***( )*** |
| ***Province*** | ***Postal Code*** | ***Phone Number*** |

***Date of Birth:*** Click here to enter a date.

***High School(s) Attended:*** Click here to enter text.

***Email Address:*** Click here to enter text.

***Name of Parent/Guardian:*** Click here to enter text.

***Address of Parent/Guardian:*** Click here to enter text.

***Name of Institution You Plan to Attend:*** Click here to enter text.

***Course You Plan to Take:*** Click here to enter text.

***Length of Course:***Click here to enter text. ***Degree/Diploma Sought:*** Click here to enter text.

***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***

***Drop off at LCHS Office or to Lisa Spence in Student Services***

***Lloydminster Comprehensive High School***

***5615-42 Street***

***Lloydminster, AB T9V 0A2***