Lloydminster & District

CO·OP

APPLICATION FORM
LLOYDMINSTER & DISTRICT CO-OP SCHOLARSHIP PROGRAM

Name of Applicant: _____

Social Insurance Number (SIN): _____

Name of Parent(s)/Legal Guardian(s): _____

Co-op Number: _____

Mailing Address of Applicant: _____

Phone Number of Applicant: _____

Email Address of Applicant: _____

High School Attended: _____

High School Graduation Date: _____

Post-Secondary Institution Attending: _____

_____

_____

Program of Study: _____

_____

_____

Double Check! **Be sure you included the following with your application package:**
- A short piece (maximum one page) describing your volunteerism, employment (if applicable), extracurricular activities, and how you work to make your community a better place
- Proof of enrollment in a post-secondary institution (This can be the official letter/email of acceptance)
- Proof of graduation from high school (This can be a letter from the Principal or Vice Principal, stating you have met all requirements to graduate from Grade 12)
- Completed application form