

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: Allan	Craig Scholarship	
Name of Applicant in fo	ull:	
Address of Applicant: _	Street/Box no.	
	Street/Box no.	City
Province	Postal Code	Phone Number
Date of Birth:		
High School(s) Attende	ed:	
Name of Parent/Guard	lian:	
Address of Parent/Gua	ardian:	
Name of Institution You	u Plan To Attend:	
Course You Plan To T	ake:	
Length of Course:	Degree/Diploma Sought: _	
Payment will b	e made upon receipt of et above named ins	vidence of Registration at the stitute.
I hereby agree to notify t affect my eligibility for thi	he Scholarship Committee Chairman of is Scholarship and also certify that the a	changes of my educational plans that would above information is correct.
		Signature of Applicant
Mail To: Scholars	ship Selection Committee	

Lloydminster Public School Division

5017 – 46 Street Lloydminster, AB

T9V 1R4