

## 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.

•	Arthur Tildesle		
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Address of App	licant:	Street/Box no.	City
Pr	rovince	Postal Code	Phone Number
Date of Birth:			
Name of Parent	t/Guardian:		
Address of Pare	ent/Guardian:		
Name of Institut	tion You Plan To	Attend:	
Course You Pla	n To Take:		
Length of Cours	se:	_Degree/Diploma Sought: _	
Payment v	will be made	e upon receipt of e above named ins	vidence of Registration at the stitute.
		rship Committee Chairman or ship and also certify that the a	f changes of my educational plans that would above information is correct.
			Signature of Applicant

Mail To: Scholarship Selection Committee
Lloydminster Public School Division
5017 – 46 Street

Lloydminster, AB

T9V 1R4