

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:	Hazel Mille	r Hurt	
Name of App	olicant in full: _		
Address of A	pplicant:		0"
		Street/Box no.	City
	Province	Postal Code	Phone Number
Date of Birth:	:		
High School((s) Attended: _		
Name of Pare	ent/Guardian: ַ		
Address of P	arent/Guardia	າ:	
Name of Insti	itution You Pla	n To Attend:	
Course You I	Plan To Take:		
Length of Co	urse:	Degree/Diploma Sought:	
Paymen	t will be m	ade upon receipt of even above named inst	idence of Registration at the itute.
		cholarship Committee Chairman of c nolarship and also certify that the ab	changes of my educational plans that would ove information is correct.
			Signature of Applicant
Mail To:	Scholarship	Selection Committee	

Lloydminster, AB T9V 1R4

5017 – 46 Street

Lloydminster Public School Division