

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.

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Address of Applic	cant:	Street/Box no.	City
Pro	vince	Postal Code	Phone Number
Date of Birth:			
High School(s) A	ttended:		
Name of Parent/	Guardian:		
Address of Parer	nt/Guardian: _		
Name of Institution	on You Plan T	o Attend:	
Course You Plan	To Take:		·
Payment w	vill be mad	le upon receipt of ev above named ins	vidence of Registration at the titute.
2 0	•	arship Committee Chairman of rship and also certify that the a	changes of my educational plans that would bove information is correct.
			Signature of Applicant

Mail To:

Scholarship Selection Committee Lloydminster Public School Division 5017 – 46 Street Lloydminster, AB

T9V 1R4