

DUNSTAN SCHOLARSHIP FUND

Application Form

Completed applications should be returned by **May 31st** to

Lloydminster Chamber of Commerce
4419 – 52 Ave.
Lloydminster, AB. T9V 0Y8
PHONE: 780-875-9013 FAX: 780-875-0755

Name: _____ Student ID No. _____

Mailing Address: _____

Town/City: _____ Postal Code: _____ Telephone: _____

Age: _____ Social Insurance No.: _____ Reside in R.M./County/Town of _____

Parents Name: _____

Previous Education: Highest Grade: _____ Obtained at: _____ Year: _____

Farming Experience: _____

Name of course to be taken: _____ Course Length: _____

To be taken where: _____

Purpose of the above course: _____

List organizations of which you are, or have been, a member: position held, awards received, etc. _____

Other activities in which you are involved and have not been mentioned above: (sports, choir, etc.) _____

Indicated method(s) by which you intend to finance your course: Personal Savings () Parent's Money ()
Student Loan () Other ()

Identify any information which may prove helpful to the selection committee. (Use reverse side if more space required)

The Scholarship will be paid directly to the Registrar at the following named educational institution:

Name of Institution: _____ Full Address: _____

I hereby make application for the above named Scholarship and certify the information provided to be true and correct. The Granting Committee reserves the right to revoke the Scholarship for misrepresentation by applicant and for failure of applicant to attend classes regularly and to apply oneself seriously to the course of studies.

Signature of Applicant _____

Date _____