



SCHOLARSHIP CHAIRMAN KEN KAY

THE LLOYDMINSTER ELKS SCHOLARSHIP

\$1500.00

****The Applicant must be a graduating student of the
Lloydminster Comprehensive High School**

Or

Holy Rosary High School

-APPLICATION FORM-

NAME OF APPLICANT: _____
Given Names Surname

ADDRESS: _____
Street

City Province Postal Code

DATE OF BIRTH: _____ AGE: _____ PHONE NO.: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ Same as above or: _____

Street City Province Postal Code

EXTRA CURRICULAR ACTIVITIES: (within scope of the school program)

COMMUNITY ACTIVITIES: (not within scope of the school program)

COMMUNITY
SERVICE: _____

NAME OF POST SECONDARY INSTITUTION: _____
LOCATION OF POST SECONDARY INSTITUTION: _____

COURSE OF STUDY: _____

HAVE YOU BEEN ACCEPTED _____ IF NO, WHEN DO YOU EXPECT TO BE NOTIFIED OF
ACCEPTANCE _____ (DATE)

WHAT IS THE TUITION COST FOR FIRST YEAR? \$ _____
ARE YOU CONTEMPLATING A STUDENT LOAN _____
Yes or No

PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WOULD ASSIST THE SELECTION
COMMITTEE IN THEIR CONSIDERATION OF YOUR APPLICATION:

AS THE BASIS FOR CHOOSING THE WINNER OF THIS SCHOLARSHIP IS OF NEED, ANY
FINANCIAL INFORMATION ABOUT YOUR FAMILY WOULD BE HELPFUL TO THE SELECTION
COMMITTEE. IF YOU WISH TO DIVULGE THIS INFORMATION DO SO HERE. THIS IS NOT
MANDATORY BUT WOULD BE KEPT CONFIDENTIAL.

DESCRIBE IN YOUR OWN WORDS WHY YOU FEEL YOU ARE DESERVING OF THIS
SCHOLARSHIP.

I HEREBY APPLY FOR THE LLOYDMINSTER ELKS SCHOLARSHIP, AND DECLARE THAT THE
INFORMATION GIVEN ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY
KNOWLEDGE AND BELIEF. I HEREBY AUTHORIZE THE LLOYDMINSTER SCHOOL DIVISION
TO PROVIDE THE SELECTION COMMITTEE WITH INFORMATION CONCERNING MY
SCHOLASTIC RECORD AND SCHOOL ACTIVITIES.

Date

Signature of Applicant

THIS FORM IS TO BE SUBMITTED WITH A TRANSCRIPT OF MARKS FOR GRADES 10, 11 & 12
PRIOR TO THE LAST DAY OF SCHOOL IN JUNE TO:

THE LLOYDMINSTER ELKS SCHOLARSHIP SELECTION COMMITTEE
LLOYDMINSTER PUBLIC SCHOOL DIVISION
5017-46 ST. LLOYDMINSTER, AB T9V 1R3