

**Lloydminster Teachers' Association
Application Form**

Name of Applicant: _____
(Given Name) (Surname)

Address: _____
(Street)

(City) (Province) (Postal Code)

(Telephone Number)

High School Attended: _____

Name of University and Program enrolled in: _____

Have you been accepted? _____ **If no, when do you expect to be notified?**

(Date)

Planned Date of Entrance to Bachelor of Education: _____

Please provide any other information you feel would assist the Selection Committee in their consideration of your application.

Describe in your own words why you desire to enter the teaching profession.

I hereby apply for the Lloydminster Teachers' Association Scholarship and declare that the information given on this application is accurate to the best of my knowledge.

Date

Signature

Please be sure that the following are enclosed with your application:

1. An official transcript of your grade 12 marks
2. A word-processed resume
3. Two letters of reference
4. University confirmation of enrollment in a program leading to an education degree

Mailing address for application:

Lloydminster Teachers' Association Scholarship Committee
c/o Lloydminster Catholic School Division
6611B 39th Street
Lloydminster AB T9V 2Z4

OR

Lloydminster Teachers' Association Scholarship Committee
c/o Lloydminster Public School Division
5017 46th Street
Lloydminster AB T9V 1R4