



## APPLICATION FOR APEGGA MILLENNIUM AND DR. NORMAN WAGNER, OC SCHOLARSHIP

The APEGGA Millennium and Dr. Norman Wagner, OC Scholarship is intended to assist the children of APEGGA members to pursue a post-secondary education. There are ten (10) scholarships, valued at \$3,500 each and each one will be awarded on the basis of a combination of factors. The primary factor will be the marks achieved in the most recent year of formal education, but significant weight will be placed on accomplishments in other areas.

The scholarship is for one year and will apply to any two-year or longer program in any field of study at any Canadian post-secondary institution. Such programs must have a minimum entrance standard of a High School Diploma. The scholarship will be paid directly to the institution upon confirmation of registration.

### To Apply

1. Arrange for a letter of reference.
2. Request the Alberta Department of Education, Transcript Department (Ph. 780-427-5732) submit your transcript directly to APEGGA. If we do not receive your transcript by July 31 your application will not be considered.
3. Submit by **July 15<sup>th</sup>** the completed signed form, along with the letter of reference and your transcript to APEGGA - Attention: Millennium Scholarship to [stroth@apegga.org](mailto:stroth@apegga.org) or by fax to (780) 425-1722. PLEASE NOTE: Only emailed or faxed forms will be accepted. **Applications that are received after July 15<sup>th</sup> will not be considered.** No exceptions will be made.
4. Ensure that your most recent Grade Point Average is included on this form: PLEASE NOTE: Applications that do not show this will not be considered.

**Please TYPE or PRINT, using black pen. Use additional sheets if necessary.**

Name: M \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address (where you will be living when attending school, if known): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Student I.D. # (of the school you will be attending) \_\_\_\_\_

Grade Point Average of most recent academic year: \_\_\_\_\_

Name of parent who is a member of APEGGA:

\_\_\_\_\_  
Surname Given Names

APEGGA membership number \_\_\_\_\_

## Education

Name of high school or educational institution most recently attended: \_\_\_\_\_  
\_\_\_\_\_ Year Attended: \_\_\_\_\_

Program of Study if institution attended is not a high school: \_\_\_\_\_  
\_\_\_\_\_

Educational institution you wish to attend: \_\_\_\_\_

Address of institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Program of Study you wish to pursue: \_\_\_\_\_

Degree or Certification to be obtained: \_\_\_\_\_

Other scholarships you are currently receiving: \_\_\_\_\_  
\_\_\_\_\_

## Extracurricular Activities

List sports, school clubs, community service, significant employment or other enriching experiences. If more space is required, please attach additional sheets.

Activity

Length of  
Participation

Position/Nature  
of Involvement


A letter of reference (not a relative) from some one who knows you and can comment on your achievements personally, must be included with the application.

### Student's Statement

In your own words (150 words or less) state why you wish to continue your studies, what your goals in life are, and how the chosen program of study will help achieve them.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date of Application

Signature of Applicant