AEFAA SCHOLARSHIP APPLICATION (Please Print)

Applicant's Name _				
Surname			Given Names	
Postal Address				
II DI N	Street	City	Postal Code	
Home Phone Num	ber(Area Co	do)		
Secondary School A	,	,		
School District # &	Name of Area			
Contact Person at S	chool		School Phone:	
A. FAMILY IN	FORMATION			
Parent/Guardian				
(Must b	e a School Facilitie	es employee	, i.e., Maintenance or Custodial)	
Parent works for Sc	hool District		e and # of Area)	
		(Name	e and # of Area)	
Or for Affiliated Co	ollege			
Note any special cir funds.	cumstances in your	family that	impact your need for scholarship	
B. POST SECC	ONDARY EDUCA	TION INF	ORMATION	
Post Secondary Edu	cation Institution A	Attended		
Program of Studies	Undertaken			
Ultimate Ambition/	Occupation			
Years of Education	Required to Reach	Occupation	nal Goal	

C. SCHOLASTIC RECORD

List Grade 11 and 12 subjects taken with final or most recent marks achieved (Please provide certified transcript of marks)

Gr. 11 Subjects	Mark (% or Letter Gr)	Gr. 12 Subjects	Mark (% or Letter Gr)

D. SUPPORT DATA

Please provide following information with your application. Checkmark to indicate enclosed.
Certified transcript of secondary school marks to date.
Copy of receipt from Post Secondary Institution attended.
Brief hand written note outlining:
i) your involvement in school, community and familyii) why you should receive our scholarship
Date of Awards Ceremony for Grade 12 students:

E. APPLICANT'S DECLARATION

I hereby declare the information given in a questions is true and complete in all respe	1 11
Applicant's Signature	Date
I hereby declare I have read the information knowledge, judge it to be correct.	on provided herein and, to the best of my

Date

Please return completed application form with enclosures to:

Al Kloepper alan.kloepper@grasslands.ab.ca

or mail to:

Parent/Guardian Signature

7 White Pelican Way Lake Newell Resort, AB T1R 0X5

The deadline for receipt of Scholarship Applications is February 28.