

9820 - 104 Street, Morinville, Alberta T8R 1L8 Tel: (780)939-4341 1-888-459-4062 Fax: (780)939-5520

Application Champion Pet Foods Award



MORINVILLE LEARNING CENTRE

www.sturgeon.ab.ca

This scholarship of \$800 is awarded to one Sturgeon Public School Division graduate from either the Morinville Learning Centre or the Sturgeon Learning Centre who has demonstrated perseverance and diligence and is pursuing a post-secondary education in an agricultural related field of study.

The recipient must have attended Morinville Learning Centre or Sturgeon Learning Centre, must not be a mature student, must provide confirmation of enrollment in a post-secondary institution for the following school year and be actively pursuing a post-secondary education in an agricultural related field.

A typed 100 - 150 word submission addressing the reasons for choice of study must be attached to the application. Confirmation of Enrolment (form attached), is to be completed and received between September 15 - 30 for the Fall Term.

	Surname			$\Gamma \parallel C$		
	Surname			Full Given Names		
(a) Mailing Addres	S	Town/City		Postal Code	Phone	
(b) E-mail address						
Parents' Home Addres	S					
Date of Birth:		Town/City		Postal Code	Phone	
	Day	Month	Year			
Alberta Education Stu	dent ID Number					
5. Name of last High School attended				Place		
				Year		
Program of studies you	are attending o	r enrolled in				
Post Secondary Institution to be attended				Location		
8. Program begins:				ends:		
	Month	Year		Month	Year	
above is complete and	true in all respec	cts.	Award, and co	ertify that the info	ormation given	
Date				Signature		
eturn this completed for y September 30 th to:	c/o 1	Morinville Lea	rning Centre	C	tres	
	Parents' Home Address Date of Birth: Alberta Education Stud Name of last High Sch Program of studies you Post Secon Program begins: I hereby make applica above is complete and Essay is attached Date	Parents' Home Address Date of Birth: Alberta Education Student ID Number Name of last High School attended Program of studies you are attending o Post Secondary Institution to I Program begins: Program begins: Month I hereby make application for a Champ above is complete and true in all respect Essay is attached as outlined abo Date Print September 30 th to: c/o I	Parents' Home Address	Parents' Home Address	Parents' Home Address	

PLEASE PRINT CLEARLY - ALL QUESTIONS MUST BE ANSWERED ACCURATELY

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Thomas Holmes, FOIPP Coordinator at 780-939-4341 or Thomas.Holmes@sturgeon.ab.ca