

FRED MITCHELL MEMORIAL SCHOLARSHIP

Application Form

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| First Name: | Last Name: | Date of Birth: |
| Address: | | |
| Town/City: | Prov/State: | Postal Code/Zip Code: |
| Telephone: | | E-mail: |

1. Have you completed high school or GED: Yes No (Circle one)
2. If Yes, when: _____
3. Which school do you plan to attend: _____
in the community of _____
4. Which program or area of study: _____
5. Date studies will commence: _____
6. Length of the program: ____years, or ____months, or ____weeks
7. Have you been accepted by the school: Yes No (circle one)
8. If not, when do you expect to find out: _____
9. What is the expected tuition: _____ per _____
10. What is the expected living expense: _____ per _____
11. How did you hear about this scholarship: _____
12. What are your life goals and career goals? (Use additional paper as required)

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13. What personal issues or struggles have you faced? What community or charitable organizations assisted you in your efforts and how?

14. What steps have you taken to improve your life? Give examples of healthy lifestyle choices you made.

PLEASE ENCLOSE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. A copy of your grades from the most recent educational institution attended. Photocopies are acceptable.
2. A resume.
3. Two letters of reference.
4. Other documentation as necessary.

I certify that the information given on this application and in supporting documents is true and correct to the best of my knowledge.

Signature: _____ Date: _____

PLEASE SUBMIT YOUR APPLICATION NO LATER THAN APRIL 15TH TO:

Fred Mitchell Memorial Scholarship Selection Committee
Suite 422
204 – 1440 – 52nd Street N.E.
Calgary AB T2A 4T8