

LETHBRIDGE RINGETTE ASSOCIATION SCHOLARSHIP APPLICATION FORM

Applicant Name _____

Address _____ City _____ Province _____

Postal Code _____ Telephone Number _____ Birth date _____ NCCP # _____ NOCP # _____

Are you a resident of Alberta? Yes No Number of Years _____

Name of post-secondary educational institution _____

Address _____ City _____ Province _____

Postal Code _____ Telephone Number _____ Fax Number _____

Major Area of Study _____ Duration of Degree (in years) _____

COMPLETE THE FOLLOWING ITEMS – USE ADDITIONAL PAPER AS REQUIRED.

1. Please outline in point form your ringette history to date.
2. Please outline in point form your academic history to date.
3. What is the significance of ringette in your life (consider past, present and future).
4. In your own words please indicate why you should be considered for this scholarship and any other information you wish to share to enhance your application.

RINGETTE LETTER OF REFERENCE IS REQUIRED – USE ADDITIONAL PAPER AS REQUIRED.

Please provide your address and telephone number in the spaces provided so we may verify information about this applicant if necessary.

Name of applicant _____ Name of Reference _____

Relation to Applicant _____ Address _____

Telephone _____ Length of time that you've know the applicant _____

Signature of Reference _____ Date _____

PERSONAL LETTER OF REFERENCE IS REQUIRED – USE ADDITIONAL PAPER AS REQUIRED.

Please provide your address and telephone number in the spaces provided so we may verify information about this applicant if necessary.

Name of Applicant _____ Name _____

Relation to Applicant _____ Address _____

Telephone _____ Length of time you have know the applicant _____

Signature of Reference _____ Date _____