

Appendix D

Battle River Local No. 32

SCHOLARSHIP APPLICATION FORM

for children of present or retired Battle River Teachers.

NAME OF STUDENT: _____

SOCIAL INSURANCE NUMBER OF STUDENT (needed for T4A): _____

ADDRESS OF STUDENT:

SCHOOL YOU ATTENDED AND YEAR OF GRADUATION FROM HIGH SCHOOL:

NAME AND SCHOOL OF PARENT(S) who is teaching or retired from teaching in Battle River Region:

POST SECONDARY INSTITUTION you are planning to attend:

AREA OF STUDY: (A proof of registration from the school's registrar must accompany this application form. *A Welcome email or letter from the institution does not constitute proof of registration*).

Submission to: Battle River Local Treasurer