1135 37th Street SW, Calgary, AB T3C 1S5 | Phone: 403.217.1725 | slucalgary@gmail.com | www.stluciacalgary.ca/

SCHOLARSHIP APPLICATION

Application deadline August 31. Late applications will not be accepted.

PERSONAL INFORMATION

Applicant's Surname		First Name	
Birth Date			
Mailing Address			
City		Province		Postal Code	
Home Number		Cell Number	
Email Address		Alternate Email Address	

EDUCATION INFORMATION

TYPE OF INSTITUTION	CURRENT YEAR	ENROLLMENT STATUS
University	1st Year	Full-Time
College	2nd Year	Part-time
Trade, Vocational	3rd Year	PROGRAM NAME
Other	4th Year	

Name of Institute	
Address of Institute	

Program Start	MM/DD/YYYY	Program Length	

Have you received a SLCCA Scholarship in the past?	Yes No	If Yes, which year(s)?	
Was it (were they) approved?	Yes No	What year(s) were approved?	

List all secondary and/or other post secondary institutions you have attended in the past 2 years. (Please provide copies of your transcripts and dates of attendance.)

What are your career goals?

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List your involvement with the SLCCA and year (eg: Annual Dinner/Dance, Casino, Drop-In Centre)

List your other volunteer activities within your community/school, along with the title and time commitment to each activity

If this is your first application, please provide references for the above activity. For each, provide the activity, the name of your reference, their title and their phone number.

I hereby certify that the information provided in this application is true and accurate.

Signature		Date	MM/DD/YYYY

The information collected on this application is solely for the use of the SLCCA's scholarship consideration and will not be shared in any manner.