



## Scholarship Program Application

Please submit completed application to [rasysocial@gmail.com](mailto:rasysocial@gmail.com)  
no later than August 15<sup>th</sup>, 2024.

<b><u>Applicant Section</u></b>	
<b><u>Personal, Citizenship &amp; Residency Information</u></b>	
Applicant's Legal Full Name:	Date of Birth: (d/m/y)
Street Address:	
City:	Postal Code:
Province:	Applicant Phone: (    )
Parent Phone: (    )	Email:
Gender: Choose X if you do not identify as male or female, or choose to self-identify as X  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Citizenship Status:  <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee	Indigenous Status:  <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Not applicable
<input type="checkbox"/> I am a registered member of the Redcliff Youth Centre	Date of Application:
Applicant Signature:	

<b><u>Nomination Section:</u></b>		
<input type="checkbox"/> Parent / Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Family Member <input type="checkbox"/> Applicant (Please check applicable box)		
Nominee Name:		Relation to Applicant:
Address:		Email:
City:		Province:
Phone: (    )		Signature:
<b><u>Post-Secondary Institution Enrolment Information:</u></b>		
Institution Name:		Student ID:
Address:		City or Town:
Province:	Country:	Postal Code:
Program of Study:		Start Date:
Program Duration:		
Program Credentials: (e.g. upgrading, transfer, diploma, degree, certificate, other)		
<b><u>High School Information:</u></b>		
Name of High School:		AB Student Number:
City or Town:	Province:	Country:
Postal Code:	Graduation Date(Month/Year)	

**Impact Statement:**

(What the Redcliff Youth Centre meant to you as an adolescent/young adult, what programs were significant to you, if any, and why we should consider you as a recipient of this award)

## Declaration of Applicant

I have read and understand the instructions, and declare that:

- All information provided in this application, including any supplemental information required to establish my eligibility (the "Application"), is true and complete and I understand that the information is subject to review and audit.
- I have read and understood the eligibility requirements and obligations of the scholarship and/or award as stated in the scholarship and/or award application and requirements documents.
- I will immediately notify The Redcliff Action Society for Youth (Redcliff Youth Centre) in writing if I withdraw from studies or of any changes to my name, address, academic status or study period, or to any other information contained in the Application.

## Disclosure of Information

I understand that The Redcliff Action Society for Youth (Redcliff Youth Centre) may disclose and exchange my personal information pertaining to my high school and post-secondary academic records, academic progress, and enrolment status with:

- Alberta Education to verify my Alberta Student Number, name, date of birth, solely to confirm identification for the purpose of the scholarship and/or award application;

I understand and agree:

- To provide all information requested by The Redcliff Action Society for Youth (Redcliff Youth Centre);
- To verify any statements made in this Application; and
- If I receive a scholarship, my name, award, and city/town may be released publicly to promote the program. My name, the name of the scholarship and the scholarship amount may also be published on The Redcliff Action Society for Youth (Redcliff Youth Centre) website. However, my consent to the publication of this personal information is not a criterion for eligibility, and if I do not want to be identified, I will contact The Redcliff Action Society for Youth (Redcliff Youth Centre), and request that it not be disclosed.

X

Alberta Student Number

X

Date (D/M/Y)

X

Signature of Applicant