



2018 Memorial Scholarship Application Form

Box 7
St Albert, Alberta T8N 1N2
1-866-967-4337 Fax 403-443-2153
office@albertasheepbreeders.ca
www.albertasheepbreeders.com

2018 Scholarship to be awarded: \$500.00

Eligibility Requirements:

1. Applicant and/or parent(s) or grandparent(s) must be current members(s) of the ASBA.
2. Applicant must be enrolled in a college, university or an apprenticeship program and provide proof enrollment.
3. Recipients of this scholarship are not eligible to re-apply
4. Application must be received by ASBA office by October 1st, 2018.

Applicant Information:

Last name	
First name	
Middle name	
Date of birth	
Address	
City/Province	
Postal code	
Phone	
E-mail	
Name of ASBA member	

Applicants Studies

Post-secondary institution or apprenticeship program where enrolled	
Location	
Program	
Length of program	
Year of enrollment	
Career goal	

- Attach three completed recommendations with your application
- Include a recent photograph, must be digital and at least 2MB in size, suitable for publication
- Keep a copy of this application for future reference.

PLEASE ATTACH A COPY OF YOUR MOST RECENT TRANSCRIPT.

Declaration:

I hereby declare that the information provided in this application is correct to the best of my knowledge and that I consent to my name and photo being used for publicity purposes

Applicant Signature_____ Date_____

The Scholarship selection committee of the ASBA will select the successful applicant. The amount of the scholarship awarded is determined by the interest earned each year by the Memorial Scholarship Fund maintained by the ASBA. A scholarship award plaque will be presented to the successful applicant at an ASBA event, to be determined by the ASBA.

Letter of Recommendation for ASBA Memorial Scholarship 2017

Applicant: _____

How long have you known this applicant and in what capacity?

Describe the applicant's leadership qualities, communication abilities, community involvement and outstanding achievements:

Explain why you would recommend the applicant for the ASBA scholarship:

Name of Reference _____
Address _____ Phone _____
Relationship to applicant _____
Signature of reference _____ Date _____