



ST. LUCIA CALGARY CULTURAL ASSN SCHOLARSHIP FORM

Application Deadline August 31st (NO Exceptions)

**** late applications will not be accepted.**

Personal Information

Last Name: _____	First Name: _____	Birth Date(mm/dd/yyyy): _____
Address: _____	City: _____	Prov: _____ PC: _____
Phone #1: _____	Phone #2: _____	Email: _____

Education Information

<u>Type of Institution:</u>	<u>Current Year Enrolled:</u>	<u>Enrolment Status:</u>
<input type="checkbox"/> University	<input type="checkbox"/> 1 st	<input type="checkbox"/> Full-Time
<input type="checkbox"/> College	<input type="checkbox"/> 2 nd	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Trade, Vocational Career College	<input type="checkbox"/> 3 rd	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4 th	
Name/Address of Institution: _____		
Academic Start Date(mm/dd/yyyy): _____ Program Name: _____ Prog.Length: _____		

Have you applied for a SLCCA Scholarship before?: _____ If Yes, which year(s)?: _____
 Was it (were they) approved? Years?: _____

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:

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

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

If this is your first application, please provide references for the above volunteer activities:

#1: Activity: _____ Name: _____ Title: _____ Ph.#: _____
 #2: Activity: _____ Name: _____ Title: _____ Ph.#: _____

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

Print Name: _____ Signature: _____ Date (mm/dd/yyyy): _____