

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

## **SCHOLARSHIP APPLICATION**

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

| PERSONAL INFORMATION  |            |        |                       |                     |          |    |  |  |
|---|------------|--------|-----------------------|---------------------|----------|----|--|--|
| Applicant's Surname   |            |        | First                 | t Name              |          |    |  |  |
| Birth Date  |            |        |                       |                     |          |    |  |  |
| Mailing Address   |            |        |                       |                     |          |    |  |  |
| City  | Province   |        | Postal Code           |                     |          |    |  |  |
| Home Number   |            |        | Cell Number           |                     |          |    |  |  |
| Email Address   |            | Altern | ternate Email Address |                     | s        |    |  |  |
| EDUCATION INFORMATION   |            |        |                       |                     |          |    |  |  |
| TYPE OF INSTITUTION   | CURRENT YE | AR     |                       | ENROLLM             | ENT STAT | us |  |  |
| University  | lst 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 L           | ength    |    |  |  |
| Have you received a SLCCA<br>Scholarship in the past?   | Yes        | No     |                       | If Yes, which       | ch       |    |  |  |
| Was it (were they) approved?  | Yes        | No     | )                     | What year 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 wit  | th the SLCCA and year (eg: /                                    | Annual Dinner/Dance, Casi                       | no, Drop-In Centre)   |  |  |  |
|--|---|---|-----------------------|--|--|--|
|  |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
| List your other volunteer  | activities within your comp                                     | ounity/school along with t                      | he title and time     |  |  |  |
| List your other volunteer activities within your community/school, along with the title and time commitment to each activity |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
|  |   |   |                       |  |  |  |
| If this is your first applies  | tian mlassa musyida vafava                                      |   | For each provide the  |  |  |  |
|  | ition, please provide referer<br>r reference, their title and t |   | For each, provide the |  |  |  |
|  |   |   | For each, provide the |  |  |  |
|  |   |   | For each, provide the |  |  |  |
|  |   |   | For each, provide the |  |  |  |
|  |   |   | For each, provide the |  |  |  |
| activity, the name of you  |   | heir phone number.                              |                       |  |  |  |
| I hereby certify that the i  | r reference, their title and t                                  | heir phone number.  application is true and acc | urate.                |  |  |  |
| activity, the name of you  | r reference, their title and t                                  | heir phone number.                              |                       |  |  |  |
| I hereby certify that the i  | r reference, their title and t                                  | heir phone number.  application is true and acc | urate.                |  |  |  |

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.

Closing Date: Application forms must be completed and returned to the above address no later than August 31, NO Exceptions, with the following:

- 1. Transcript of previous year's academic achievements.
- 2. Two letters of reference (for first time applicants).
- 3. Proof of registration to post secondary institution.
- 4. Tuition Receipt-Please ensure you have proof of tuition payment upon request.