

Application for Scholarship

Clifford and Louise Lougheed Scholarship Foundation

Box 124, Nanton, Alberta T0L 1R0

NAME: _____
Surname First Second

MAILING ADDRESS: _____

E-MAIL ADDRESS (optional): _____

AGE: _____ TELEPHONE: _____

SCHOOL ATTENDED: _____

PLACE OF PERMANENT RESIDENCE: _____

REASON APPLYING FOR SCHOLARSHIP: _____

POST SECONDARY SCHOOL TO BE ATTENDED: _____

DEGREE OR DIPLOMA SOUGHT: _____

EDUCATIONAL BACKGROUND: **Applicants must provide transcript of marks by
September 30 or be disqualified.**

ADDITIONAL INFORMATION: (e.g. other diplomas or degrees held)

Signature: _____

PLEASE DO NOT FOLD OR STAPLE

