



ALBERTA BEACH & DISTRICT AGRICULTURAL SOCIETY  
SCHOLARSHIP FUND  
APPLICATION FORM

NAME:  MALE  FEMALE

ADDRESS:  DATE OF BIRTH:  Day  Month  Year

POSTAL CODE:

EMAIL ADDRESS:

PHONE NUMBER:

NAME OF INSTITUTION GRADUATED FROM:

YEAR OF GRADUATION:  ADDRESS:

POSTAL CODE:

NAME OF INSTITUTION PLANNING TO ATTEND:

ADDRESS:

POSTAL CODE:

PROGRAM OF STUDIES PLANNED:

NUMBER OF YEARS TO COMPLETE:

CAREER GOALS:

\*PLEASE ATTACH REQUIRED ESSAY TO THIS APPLICATION (See Scholarship Fund Program for details)

I certify that the above information is true and correct to the best of my knowledge. In the event that awarded the Scholarship, I agree to the public release of my name for purposes of promotion for the Alberta Beach & District Agricultural Society.

\_\_\_\_\_  
Signature of Applicant

DATE: \_\_\_\_\_