

APPLICATION FORM

THE COUNTY OF WARNER MEMORIAL SCHOLARSHIP

Name: _____ Address: _____

Phone No.: _____ Email: _____

Please describe your academic performance throughout high school.

Explain what your background is. How did your interest in agriculture and rural communities develop?
What work do you intend to pursue and how will this support agriculture and rural Alberta?

Please describe your involvement in the school and in the community.

Please describe additional information regarding other notable accomplishments. (4-H, Cadets, sports, other services, hobbies, etc.)

Are you planning to attend a Canadian post-secondary institution?

Yes: _____ No: _____

Name the institution you plan on attending and the field of study in which you will enter.

When do you plan to register at this institution?

Are you a Canadian citizen?

Yes: _____ No: _____

** If you are selected to be nominated, an interview will be part of the process in being selected as the winning candidate of the County of Warner Memorial Scholarship.

Student's Signature: _____

Date: _____

Thank you for your application. Please ensure that this application reaches the County Office on or before April 15. ATTN: County of Warner Memorial Scholarship, PO Box 90, Warner, AB T0K 2L0