



MUNICIPAL DISTRICT OF GREENVIEW No. 16

M.D of Greenview Post-Secondary Student Scholarship Application

1. Personal Information

Full Name: _____

Date of Birth (dd/mm/yyyy): _____

Mailing Address (Street or P.O Box): _____

Street/ Physical Address (Legal land Location or Rural Address):

Town/City _____ Postal Code: _____

Province: _____ Country: _____

Name(s) of Parent(s) or Guardian(s): _____

Physical Address of Parent or Guardian located in M.D of Greenview if different from above (Legal Land Location or Rural Address, Postal Code):

Email Address: _____ Phone Number: _____

2. Previous Academic Achievement Completed to date

High School attended: _____ Grade Completed: _____

G.P.A last 2 Semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

Post-Secondary School attended: _____

Location (City/Province/Country): _____ Year Started: _____

Program of Study: _____

G.P.A last 2 Semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

Post-Secondary School attended (if more than one): _____

Location (City/Province/Country): _____ Year started: _____

Program of Study: _____

G.P.A last 2 Semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

3. Academic Goals

Type of Institution: College Trades (Minimum 24 weeks) University

Post-Secondary Institution you will be, or are currently, attending:

_____ Location: _____

Program of Study: _____

Anticipated year of Completion: _____

Major: _____ Minor: _____

Year of Study: 1st 2nd 3rd 4th 5th+

Type of Program or Course (Select one):

Certificate Diploma Undergraduate Degree Postgraduate/Graduate Degree

Other, please describe _____

Full-time or Part-time Student?

Full Time Studies (3 course/ semester minimum) Part time (less than 3 courses/ semester)

4. Extra-curricular Activities

Employment Status:

Full Time (37.5 Hours/ Week or greater) Part Time (less than 37.5 Hours/ Week)

Current Employer: _____

Address: _____

Province: _____ Postal Code: _____

Name of Supervisor: _____ Phone Number: _____

Current Employer (if multiple employers):

Address: _____

Province: _____ Postal Code: _____

Name of Supervisor: _____ Phone Number: _____

Please list any groups participated in for volunteer or community activities, your role, and the time commitment. (i.e Paws Animal Shelter, walking dogs, 2 hours/week May-September 2018, Student Council, Treasurer, 6 hours/Month September – June 2018):

5. Financial Need:

How do you plan on funding your post-secondary studies? (check all that apply):

Self-financed Parent or family assistance Student or other financial Loans

Other scholarships, please list scholarships applied for:

Other, please specify _____

Do you plan on working while you attend school (Select all that apply)?

Part-time Full-Time Summers Not at all

Volunteering or other extracurricular activities

Do you have any dependants? Please indicate the number of dependants supported by you: _____

(Optional) Additional Financial Details. Please use the space provided to provide additional financial information to be considered that will demonstrate your financial need.

6. Is there any information you would like to share with the scholarship selection committee when reviewing and considering your application?

General Information and Scholarship Requirements:

The M.D of Greenview Post-Secondary Scholarship Program is intended to provide financial support to M.D of Greenview residents pursuing post-secondary studies. Students enrolled in four-year university or college programs are eligible for \$2,500 in funding. Students enrolled in a 2 year or less college, trades, or apprenticeship program are eligible for \$1,500 in funding. Greenview Council will dedicate \$25,000 to the scholarship fund each year.

Scholarship Criteria:

- a. The student is a resident of Greenview;
- b. The student has demonstrated financial need;
- c. The student demonstrates community involvement, volunteering or extra-curricular activities;
- d. The student has demonstrated high academic achievement;
- e. Consideration may be given to scholarship recipients from the previous year.

REQUIRED: Scholarship Applications must be returned to an M.D of Greenview Administration Office indicated below no later than the second Friday in May.

Please address applications to Community Services Re: Post-Secondary Scholarship Application

Valleyview Administration Building
4806 – 36 Avenue
PO Box 1079, Valleyview, AB T0H 3N0
Phone: 780.524.7600
Office Hours: 8:00 a.m. – 4:30 p.m. (Closed for Lunch from Noon – 1 p.m.)

DeBolt Office
1115 Township Road 721A
PO Box 1079 Valleyview, AB T0H 3N0
Phone: 780.957.3740
Office Hours: Wednesday and Thursday Only
8:00 a.m. – 4:30 p.m.
(Closed for Lunch from Noon – 1 p.m.)

Grovedale Office
70075 Range Road 64, Lot 3
PO Box 404 Grovedale, AB T0H 1X0
Phone: 780.539.0863
Office Hours: 8:00 a.m. – 4:30 p.m.
(Closed for Lunch from Noon – 1 p.m.)

Grande Cache Office – Eagles Nest Hall
10028 – 99 Street
PO Box 214 Grande Cache, AB T0E 0Y0
Phone: 780.827.5155
Grande Cache After Hours: 780.501.1246
Office Hours: 8:00 a.m. – 4:30 p.m.
(Closed for Lunch from Noon – 1 p.m.)

Grande Cache Office – Administration Office
10001 Hoppe Avenue
PO Box 300 Grande Cache, AB T0E 0Y0
Phone: 780.524.7600
Office Hours: 8:00 a.m. – 4:30 p.m.
(Closed for Lunch from Noon – 1 p.m.)

REQUIRED: Applications must be accompanied by the most recent transcript or report card available. Unofficial transcripts will be accepted.

OPTIONAL: Applicants may submit letters of reference along with their applications.

Successful applicants will be notified by Greenview Administration.

Successful Applicants will then be required to submit proof of payment of tuition to Greenview Administration no later than November 30th in order to receive scholarship funds.

Note: Students may apply, or re-apply, for the scholarship each year that they are enrolled in university, college, or apprenticeship programs.

For any questions regarding the *Post-Secondary Scholarship Program*, please contact Community Services at 780-524-7600. Any Information that the M.D of Greenview may collect on this form is in compliance with Section 33 of the *Freedom of Information and Protection of Privacy Act*. The information collected is required for the purpose of carrying out the Scholarship Program. If you have any questions about the information collected please contact the FOIP Coordinator at (780)524-7600.

