



Town of Innisfail

Post-Secondary Scholarship Application Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_

Year Graduated High School: \_\_\_\_\_

Post-Secondary Institution Information:

Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Duration: \_\_\_\_\_

Program Start Date: \_\_\_\_\_



Attach all the following documents when submitting your application:

- Written Letter
- Resume
- Current Post Secondary Registration Letter
- 2 Letters of Reverence
- Official High School Transcript
- Graduation Photo

Signature:

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Date:

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\*The information is being collected under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under the provisions of the Act. For more information, please contact the FOIP Coordinator at 403.227.3376.