

Linton and Debbie Falk Scholarship Application

Personal Information:

Last Name _____ First _____ Middle _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Education:

BRSD High School attended _____ Year Completed Grade 12 _____

Post Secondary Program Information:

Institution Name _____ Location _____

Program of Study _____

Academic Performance

Overall Average: Grade 10 _____ Grade 11 _____ Grade 12 _____

If you were the recipient of any awards or academic achievement recognition, please indicate:

School Leadership: (Summarize leadership activities and skills used at school)

Community Citizenship: (Summarize volunteer experience and any other community involvement that pertains to citizenship. Please explain your role in each of these items.)

Relevance of Program: (If you are enrolled in a program of studies that supports agriculture, please explain the form that support takes).

References:

Name _____

Relationship _____ Phone Number _____

Address _____ Postal Code _____

Reference Letter Attached: Yes/No _____

Name _____

Relationship _____ Phone Number _____

Address _____ Postal Code _____

Reference Letter Attached: Yes/No _____

Name _____

Relationship _____ Phone Number _____

Address _____ Postal Code _____

Reference Letter Attached: Yes/No _____

Special Factors for Consideration: (sometimes an applicant has a specific life circumstance or other information they want the scholarship Selection Committee to take into consideration).

Declaration:

I agree to:

- immediately notify Battle River School Division in writing should I change my educational institution, program or study period.
- provide information or documentation as requested by BRSD to verify my statement in this application.

I understand that:

- I may be asked to make a public appearance as a formal acceptance of this scholarship.

I declare that:

- the information given in this application is true and complete and I understand it is subject to audit.

Name of Student: _____

Signature of Student: _____ Date: _____

*Name of Parent / Legal Guardian: _____

*Signature of Parent / Legal Guardian: _____ Date: _____

**If you are under the age of 18 years, this form must be signed by you and your parent or legal guardian*