

LIVINGSTONE RANGE LOCAL No. 14 SCHOLARSHIP APPLICATION  
\$500.00

Deadline for application is October 31<sup>st</sup>

Social Insurance Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School Graduated From \_\_\_\_\_

Post Secondary Institution Currently enrolled in \_\_\_\_\_

Faculty \_\_\_\_\_

Category II ONLY: (Parent Name) \_\_\_\_\_

LRSD School of employment \_\_\_\_\_

Please attach copies of the following:

High School Transcript and/or most recent college/university transcript

A copy of a letter of acceptance into a Faculty of Education **or**

A copy of proof of enrollment in a Post Secondary Institution