

LIVINGSTONE RANGE LOCAL No. 14 SCHOLARSHIP APPLICATION
\$500.00

Deadline for application is October 31st

Social Insurance Number _____ - _____ - _____

Last Name _____

First Name _____

Address _____

City _____

Province _____

Postal Code _____

Phone _____ - _____ - _____

High School Graduated From _____

Post Secondary Institution Currently enrolled in _____

Faculty _____

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