



WASCANA KIWANIS CLUB FOOTBALL SCHOLARSHIPS

1. Name of Applicant:

(Surname)

(Given Names)

2. Home Address:

Telephone Number:

3. School attended in Grade XII:

4. Average Standing in Grade XII Examinations: _____%

5. Date of Birth:

6. A. Name of Parent or Guardian (Mother):

B. Occupation

C. Employed by:

7. A. Name of Parent or Guardian (Father):

B. Occupation

C. Employed by:

8. A. What institution do you plan to attend?

B. What courses do you intend to take?

C. How many years are required to complete this course?

Date: _____

Signature of Applicant: _____

I am the _____ of this applicant and I hereby
(Father, Mother, Guardian)
approve the above application for scholarship. If requested, I am willing to appear for an
interview with the Education Awards Committee.

Signature of Parent/Guardian: _____

This is to certify that _____ took part in High
(Name of Applicant)
School Football during the past year as _____.
(Capacity)

Principal's Signature: _____

School: _____

Date: _____

NOTE:

1. The completed application together with a Grade XII Statement of Marks **must** be mailed **on or before May 15th** to:
RHSAA Commissioner of Athletics
c/o Martin Collegiate
1100 McIntosh Street
Regina, SK
S4T 5B7
e-mail: chuck.toth@rbe.sk.ca
2. Letters of reference should be sent separately by the writers no later than the above date.
3. An applicant may submit on a separate sheet any additional information not specified here in support of application.