



WASCANA KIWANIS CLUB FOOTBALL SCHOLARSHIPS

1. Name of Applicant:

(Surname) (Given names)

2. Home Address: _____ Telephone:

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:

(a) Name of Parent or Guardian
(father): _____

(b) Occupation:

(c) Employed by:

7. (a) What institution do you plan to attend?

(b) What course do you intend to take?

(c) How many years are required to complete this course? _____

Date: _____

Signature of Applicant:

- 2 -

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

(Name of Applicant)

took part in High School Football during the past year as

(Capacity)

Date: _____

Principal's Signature:

School: _____

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: greg.johnson@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.