# Stavely Education Foundation Scholarship

Scholarship Application

### About This Scholarship

The Stavely Education Foundation has supported students since 2006. Each scholarship is valued at $1,000. Applicants may receive a maximum of two scholarships in their lifetime. First-time applicants are prioritized; if more than ten apply in a year, awards are made by lottery.

**Eligibility: (1) Attended Stavely Schools for a minimum of four (4) years. (2) Currently enrolled at a recognized post-secondary institution or career training facility. (3) Enrollment confirmed no earlier than September 30th of the scholarship year.**

## Section 1 — Personal Information

| | |
|---|---|
| **Full Name** | |
| **Mailing Address**<br>*Street address, City, Province, Postal Code* | |
| **Telephone Number** | |
| **Student ID Number**<br>*Optional* | |

## Section 2 — Education

| | |
|---|---|
| **Years Attended Stavely Schools**<br>*e.g. 1999–2005* | |
| **Post-Secondary Institution or Caree** | |
| **Program Currently Enrolled In** | |

## Section 3 — Favourite Memory of Stavely Schools

Please share a favourite memory of your time at Stavely Schools. This is a required part of your application.

| | |
|---|---|
| **Your Favourite Memory**<br>*Write below or attach a separate page* | |

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## Section 4 — Supporting Documents

☐ I will provide **signed** official confirmation of enrollment or registration from my post-secondary institution or career training facility, dated no earlier than September 30th of the scholarship year.

**Submit by Email** *Opens an email to the Foundation. Attach this form and your signed proof.*

Note: Programs beginning **after September 30th** may be considered. Please contact Kelly Hall at 403.646.5813 for further information.

## Section 5 — Declaration of Applicant

☐ All information provided in this application is true and complete.

☐ I agree to allow my name and study plans to be released publicly if I receive this scholarship.

☐ I authorize the release and exchange of my personal information between the Stavely Education Foundation and any federal and provincial government departments, boards, or institutions, for the purpose of verifying the information I have provided.

*Signature of Applicant*

*Date*

### Submission Instructions

Return your completed application to:

**Stavely Education Foundation | Box 156 | Stavely, AB T0L 1Z0**

Email completed applications to: stavelyeducationfoundation@gmail.com

Need help? Contact Kelly Hall at 403.646.5813

*Applications must be received by October 31st of the calendar year, without exception or notification.*

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Favourite Memory

### Your Favourite Memory of Stavely Schools

This is a required part of your application. Use this page to write your favourite memory. You may also attach a separate page if you prefer. There is no minimum or maximum length.

## My Favourite Memory of Stavely Schools