elkford

Wild at heart.

DISTRICT OF ELKFORD SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

First and last name: _____

Mailing address: _____

Street address: _____

Phone #: _____   Email: _____

Parent/guardian's first and last name: _____

POST-SECONDARY INSTITUTE INFORMATION

Name of post-secondary institute applied to: _____

Program of study: _____

Working toward (check one):   certificate _____   diploma _____   degree _____

MANDATORY CRITERIA (CHECK TO CONFIRM THESE ARE ATTACHED TO YOUR APPLICATION)

Proof of current residency in Elkford   _____

Proof of current attendance at Elkford Secondary School   _____

Proof of registration at a post-secondary institute   _____

INSTRUCTIONS

1. Complete this application form in full.
2. Attach the required mandatory information as outlined above.
3. Submit your application and documentation to the District of Elkford **before 4:30 p.m. on May 31, 2023** to the attention of the Director of Corporate Services:
   a. By mail to P.O. Box 774, Elkford, B.C. V0B 1H0
   b. By email to info@elkford.ca
   c. In person at the District of Elkford Office, 744 Fording Drive, Elkford, B.C.

Applicant's signature: _____   Date: _____