



ASB Scholarship Application

I hereby apply for the ASB Scholarship to assist me in an Agriculture or Agriculture Related Program at

_____ in the term beginning _____.
(Name of Post Secondary Institution) (Start Date of Program)

Attached is a letter of acceptance and/or another form of proof that I am enrolled at this institution.

NAME _____ EMAIL _____

ADDRESS _____ PHONE _____

EDUCATION High School Attended _____

SCHOOL OR COMMUNITY ACTIVITIES IN WHICH I HAVE PARTICIPATED:

Year	Activity	Position Held (If Applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COURSE OF STUDIES PLANNED: _____

CAREER PLANS UPON COMPLETION: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

NAMES AND ADDRESSES OF TWO PERSONAL REFERENCES:

1. _____

2. _____

I declare that the above and attached information is correct to the best of my knowledge, and if I am awarded a bursary, I will comply with all related regulations to this application.

Date

Signature

PLEASE SUBMIT APPLICATION by September 1, 2020 TO:

Aimee Boese, Agricultural Fieldman aboese@beaver.ab.ca

Box 140, Ryley, AB T0B 4A0

Fax 780-663-3602