

FRANK FREEMAN EDUCATIONAL SCHOLARSHIP APPLICATION FORM

Must have attended Blackfalds School and be registered in a Faculty of Education Program.

1. Name in full (please print): \_\_\_\_\_
2. Permanent Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Social Insurance Number: \_\_\_\_\_  
*(required by Wolf Creek School Division Office)*
5. Junior High attended: \_\_\_\_\_
6. Name of institution in which you are or plan to be enrolled:  
\_\_\_\_\_
7. Program you are/will register in \_\_\_\_\_
8. Briefly explain why you feel you qualify for this scholarship.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Deadline June 1<sup>st</sup>.