DON HARRISON POST-SECONDARY SCHOLARSHIP
Application Form

INNISFAIL

Applicant Information

First Name: _____ Last Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone: _____

Date of Birth: _____

High School: _____

Year Graduated High School: _____

Post-Secondary Institution Information

Name: _____

Program Name: _____

Program Duration: _____ Program Start Date: _____

Attachments

Attach all the following documents when submitting your application:

- ☐ Written Letter
- ☐ Resume
- ☐ Current Post-Secondary Registration Letter
- ☐ Two (2) Letters of Reference
- ☐ Official High School Transcript
- ☐ Graduation Photo

Signature: _____ Date: _____

Collection and use of personal information

This personal information is collected under the authority of Section 4(c) of the Protection of Privacy Act for the purpose of the Don Harrison Post-Secondary Scholarship application process and purposes consistent with that use. If you have any questions about this collection or use of the information, contact the Town of Innisfail at 403-227-3376.

Completed forms can be sent to reception@innisfail.ca or dropped off at the Town Office (4943 53 St.)