



MUNICIPAL DISTRICT OF GREENVIEW No. 16

MD of Greenview Post-Secondary and Trade School Student Scholarship Application

The M.D of Greenview Post-Secondary and Trade School Scholarship Program is intended to provide financial support to M.D of Greenview residents pursuing post-secondary or trade school studies.

Students enrolled in four-year university or college programs are eligible for \$2,500 in funding, with \$25,000.00 in dedicated funding allocated annually.

Students enrolled in a two-year or less college, trades, or apprenticeship program are eligible for \$1,500 in funding, with \$15,000.00 in dedicated funding allocated annually.

Scholarship Criteria – University and 4-Year College Program Scholarship:

- a. The student is a resident of Greenview;
- b. The student has demonstrated financial need;
- c. The student demonstrates community involvement, volunteering or extra-curricular activities;
- d. The student has demonstrated high academic achievement with a minimum G.P.A. of 3.0 or a cumulative average of 75% in their two most recent semesters;
- e. Consideration may be given to scholarship recipients from the previous year.

Scholarship Criteria – 2-Year College, Trades and Apprenticeship Scholarships:

- a. The student is a resident of Greenview;
- b. The student has demonstrated financial need;
- c. The student demonstrates community involvement, volunteering or extra-curricular activities;
- d. The student has participated in a work experience or other work placement program (i.e. RAP, CTS programs, etc.) in High School;
- e. Apprenticeship applicants must be enrolled in a registered apprenticeship program.
- f. The applicants G.P.A. or course average in the last two semesters may be a factor for Council's consideration of the application. A minimum average of 60% will be considered.
- g. Consideration may be given to scholarship recipients from the previous year.

Required:

- a. Scholarship applications must be completed in full;
- b. Applications must be accompanied by the most recent transcript or report card available. Unofficial transcripts will be accepted.
- c. Returned to an M.D of Greenview Administration Office indicated below no later than the **second Friday in May.**
- d. Successful applicants will be required to submit proof of payment of tuition to Greenview Administration no later than November 30th in order to receive scholarship funds.
- e. Provide Social Insurance Number to be referenced by Administration for the purpose of completing a T4A form only.

Note: Students may apply, or re-apply, for the scholarship each year that they are enrolled in university, college, trades or apprenticeship programs.

Reporting can be submitted via one of the following:

1. Click the submit button on the form for electronic submission (first download this PDF to your computer)
2. Mail: MD of Greenview, 4806- 36 Avenue, PO Box 1079, Valleyview AB T0H 3N0
3. In person delivery: Any Greenview office
4. For questions, please email greenviewgivesback@mdgreenview.ab.ca

Successful applicants will be notified by Greenview Administration. For questions regarding the *Post-Secondary and Trade School Scholarship Program*, please contact Community Services at 780-524-7600. Any Information that the M.D of Greenview may collect on this form is in compliance with Section 33 of the *Freedom of Information and Protection of Privacy Act*. The information collected is required for the purpose of carrying out the Scholarship Program. If you have any questions about the information collected please contact the FOIP Coordinator at (780) 524-7600.

To use the "Submit Button" at the bottom of this form:

1. Must download the PDF to your computer by clicking the download button (down arrow with a line at the bottom) on the upper right hand corner of the PDF
2. Then save the PDF to your computer
3. Fill out the form
4. Click "Submit Form" and it will attach to your email to send
5. If you are still having any issues, please save the form and attach in an email to greenviewgivesback@mdgreenview.ab.ca

1. Personal Information

Full Name: _____

Date of Birth (dd/mm/yyyy): _____

Mailing Address (Street or P.O Box): _____

Street/ Physical Address (Legal land Location or Rural Address):

Town/City: _____ Postal Code: _____

Province: _____ Country: _____

Name(s) of Parent(s) or Guardian(s): _____

Physical Address of Parent or Guardian located in M.D of Greenview if different from above (Legal Land Location or Rural Address, Postal Code):

Email Address: _____ Phone Number: _____

2. Previous Academic Achievement completed to date:

High School attended: _____ Grade completed: _____

G.P.A last two (2) semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

Post-Secondary School attended _____

Location (City/Province/Country): _____ Year Started: _____

Program of Study: _____

G.P.A last two (2) semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

OR

I have not yet started post secondary studies.

Post-Secondary School attended (if more than one) or N/A: _____

Location (City/Province/Country): _____ Year started: _____

Program of Study: _____

G.P.A last two (2) semesters (4.0 Scale or %) Semester 1 _____ Semester 2 _____

3. Academic Goals

Type of Institution: College Trades (Minimum 24 weeks) University

Post-Secondary Institution you will be, or are currently, attending:

_____ Location: _____

Program of Study: _____

Anticipated year of Completion: _____

Major: _____ Minor: _____

Year of Study - Entering Into: 1st 2nd 3rd 4th 5th

Type of Program or Course (Select one):

Certificate Diploma Undergraduate Degree Postgraduate/Graduate Degree

Other, please describe _____

Full-time or Part-time Student?

Full Time Studies (3 course/ semester minimum) Part time (less than 3 courses/ semester)

4. Trades/Apprenticeship Programs - Work Experience:

Did you work a part-time job while you attended high school? Yes No

Employer: _____

Was your part-time job related to the field of study to which you have applied for a two-year college, trades, or apprenticeship program? Yes No

Have you participated in a High School Work Experience Program for Credit? Yes No

School Credit Earned?: Yes No

Title of Work Experience Program: _____

Supervisor Name: _____

Supervisor Contact Phone Number: _____

Note: Applicant may attach reference letter for consideration (optional).

5. Extra-curricular Activities

Employment Status:

Full Time (37.5 Hours/ Week or greater) Part Time (less than 37.5 Hours/ Week)

Current Employer: _____

Address: _____

Province: _____ Postal Code: _____

Name of Supervisor: _____ Phone Number: _____

Additional Employer (if multiple employers): _____

Address: _____

Province: _____ Postal Code: _____

Name of Supervisor: _____ Phone Number: _____

Have you participated in volunteer or community activities? Yes No

Please list your role, and the time commitment. (i.e Paws Animal Shelter, walking dogs, 2 hours/week
May-September 2020, Student Council, Treasurer, 6 hours/Month September – June 2020):

6. Financial Need:

How do you plan on funding your post-secondary studies (check all that apply)?

Self-financed Parent or family assistance Student or other financial Loans

Other scholarships, please list scholarships applied for:

Other, please specify _____

Do you plan on working while you attend school (select all that apply)?

Part-time Full-Time Summers Not at all

Volunteering or other extracurricular activities

Do you have any dependants? Please indicate the number of dependants supported by you: _____

(Optional) Additional financial details, please use the space provided to provide additional financial information to be considered that will demonstrate your financial need.

7. Is there any information you would like to share with the scholarship selection committee when reviewing and considering your application? Yes No