EASTER SEALS
PHYLLIS DAVIDSON
SCHOLARSHIP APPLICATION FORM

Please forward your application directly to the Scholarship Review Committee.
Please print. Do not use abbreviations.

Surname	First Name	Initial or Middle Name

Male ☐	Female ☐	Status in Canada	Yes	No	College/University Student Number (If available)
		Canadian Citizen	☐	☐	
Dale of Birth *(Year/Month/Day)*		Permanent Resident *(E.g., landed immigrant)*	☐	☐	Alberta Learning ID Number *(If attending high school)*

Permanent Address			City/Town
Province/Territory	Postal Code	Home Telephone No. ( )	Email Address

Name of educational institution from which you most recently graduated or are currently attending (secondary school, college, university, other)				Graduated? Yes ☐ No ☐ Year of Graduation *(If applicable)* _____
Address of educational institution named above				
City/Town	Province/Territory	Country	Postal Code	Currently Attending? Yes ☐ No ☐

Name of college or university in which you plan to enroll in the fall

Program of Study

Career Goals

Disability/Diagnosis

REFERENCES *(The two individuals listed should each provide a letter of reference):*

1. Name: _____ Phone: (_____) _____
   This individual must be a teacher at the institution you are currently enrolled in or from which you recently graduated.

2. Name: _____ Phone: (_____) _____
   This individual must be able to describe your involvement in, and contribution to, the community.

I certify that the above information is accurate and complete. I understand that any false or incomplete information may invalidate my candidacy. I accept that the Trustees of the Easter Seals Phyllis Davidson Scholarship may only make scholarship decisions, and agree to the public release of my name and photograph should I be awarded a scholarship. I also agree that scholarship funds will only be granted to me if I am enrolled as planned in an educational institution in the fall.

_____ Signature of Applicant

_____ Date