



# EASTER SEALS PHYLLIS DAVIDSON SCHOLARSHIP APPLICATION FORM

Please forward your application to [info@easterseals.ab.ca](mailto:info@easterseals.ab.ca). Please print. Do not use abbreviations. An application must be submitted each time you apply. Please see [www.easterseals.ab.ca/phyllis-davidson-scholarship/](http://www.easterseals.ab.ca/phyllis-davidson-scholarship/) to see the remaining requirements.

Last Name		First Name		Initial or Middle Name	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Status in Canada	Yes <input type="checkbox"/>	No <input type="checkbox"/>	College/University Student Number (If available)
Dale of Birth (Year/Month/Day)		Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	Alberta Learning ID Number (If attending high school)
Permanent Address		Permanent Resident (E.g., landed immigrant)	<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>
Address of educational institution named above				No <input type="checkbox"/>	Year of Graduation (If applicable) _____
				Currently Attending?	Yes <input type="checkbox"/>
City/Town	Province/Territory	Country	Postal Code		
Name of college or university in which you plan to enroll in the fall					
Program of Study					
Career Goals					
Disability/Diagnosis					
<b>REFERENCES</b> (The two individuals listed should each provide a letter of reference): 1. Name: _____ Phone: (____) _____ <i>This individual must be a teacher at the institution you are currently enrolled in or from which you recently graduated.</i>  2. Name: _____ Phone: (____) _____ <i>This individual must be able to describe your involvement in, and contribution to, the community.</i>  <i>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.</i>					
Signature of Applicant			Date		