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## Scholarship Application

### Personal Information:

\_\_\_\_\_  
Alberta Student Number

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Last Name (Current Full Legal Name)

\_\_\_\_\_  
First Name & Initial (Current Full Legal Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Birthdate (dd/mm/yyyy)

\_\_\_\_\_  
Email address

Are either of your parents, grandparents, or legal guardians, a member in good standing of Lakeland REA Ltd.?

Yes

No

\_\_\_\_\_  
Name of Parent/Grandparent/Legal Guardian  
(Member)

\_\_\_\_\_  
Lakeland REA Ltd. Account Number

### Citizenship:

Canadian Citizen    **OR**     Permanent Resident (Landed Immigrant)

(Note: Landed immigrants must include a photocopy of their immigration form, Visa students are not eligible)

**Alberta Residency:**

Do your parents/grandparents currently live in Alberta? (Circle one)      Yes    No

Did your parents/grandparents live in Alberta while you were in high school? (Circle one)    Yes    No

**Proposed Post-Secondary Studies:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of Program Enrolled in (must provide proof of enrolment)

\_\_\_\_\_  
Entry Date for Program

\_\_\_\_\_  
Length of Program

**Secondary Education:**

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Date of completion of High School (mm/yy)

**Declaration of Applicant:**

I have read and understand the instructions, and declare that:

- All information provided is true and complete, and I understand it is subject to audit;
- I will be a student at the institution named for the period; and
- I will immediately notify Lakeland REA Ltd. in writing if I withdraw from studies before completing one semester of studies.

I authorize Lakeland REA Ltd. to release my name and program of study if I receive a scholarship.

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

\_\_\_\_\_  
Date