

**RURAL MUNICIPALITY OF KELLROSS
NO. 247
\$500 STUDENT SCHOLARSHIP**

Scholarship Guidelines:

Eligibility:

- Children/dependents of residents and or ratepayers of the RM of Kellross No. 247
- Graduating from a High School in this Municipality or surrounding municipalities
- Enrolled in a Post Secondary Education at the University or Technical College level

General Conditions Governing Award:

- The scholarships will be awarded basis the merit of applications and at the sole discretion of this municipalities Council
- Scholarships to be presented at High School graduation ceremonies by a representative of the RM of Kellross No. 247
- The number of scholarships awarded each year may vary.

If you answered **yes** to all of the above questions and want to apply for the scholarship, complete this application form.

Deadline to apply is May 6, 2024

Application Form

(This application form may be photocopied.)

General Information

Name: _____
(First name) (Last name)

Date of Birth: _____
(Day) (Month) (Year)

Address: _____
(Box #) (Town) (Postal Code)

Home Phone: _____

Parent(s)/Guardian(s) Name(s): _____

Present Education

I have attended _____ School from Grade _____ to Grade 12.

What is your average grade this past term? _____

Extracurricular Activities

List any extracurricular or public service activities in school and in your community that you are involved in.

Awards, Honors, Scholarships

List any awards, honors, or scholarships you have received.

Employment

List any internships, work experience placements, jobs (including summer jobs) you have had in the past four years.

Educational Plans

I (will be applying, have been accepted) to the following post secondary program:
(Circle one)

(Course/College Program) (Name of School)

(Area of Study)

Career Plans

Please describe your career plans and how they may impact rural communities and agriculture in general.

Professional Aspirations

What are your professional goals?

Other Information

What other information (not already addressed in the application) do you wish to share with the Selection Committee?

Reference

We require a reference that we may contact to verify information provided on this form. This person should be aware that you are applying for this scholarship and should not be a family member.

Name: _____
(First & Last Name)

Relationship to Applicant: _____

Address: _____
(Box #) (Town) (Postal Code)

Phone: (Home) _____ (Work) _____

Declaration of Applicant

- I have truthfully answered all of the questions on the application form.
- I have read and understood the entire application and agree to abide by the award conditions.
- If I am the winner, I will use the award proceeds only for costs directly related to my post-secondary education.

(Applicant's Signature)

(Date)

Contact information:

RM of Kellross No. 247

Box 10

Leross, SK. S0A 2C0

Phone: 306-274-4423

Fax: 306-274-4424

Email: rm247@sasktel.net

www.kellross.ca

FOR OFFICE USE ONLY:

Date Received: _____

Accepted: _____ Rejected: _____ Contacted for Clarification: _____

Other Information: _____
