



## Application Gerry Schick Memorial Award

This scholarship of \$1,000 is awarded to one Sturgeon School Division graduate who has demonstrated a high level of leadership and an interest in the sciences throughout his/her years in Sturgeon School Division. The selected student will be recognized as an individual who works collaboratively with others; someone who embraces hard work, regardless of the associated time commitments; and is known to be a leader. **A 150 – 200 word submission addressing demonstrated formal and informal leadership experiences and involvement in sciences must be attached to the application.** The recipient must provide confirmation of enrolment in a recognized post-secondary institution for the following school year, majoring in any one of the science disciplines. Confirmation of Enrolment (form attached), is to be completed between September 15- 30 for the Fall Term.

**PLEASE PRINT CLEARLY - ALL QUESTIONS MUST BE ANSWERED ACCURATELY**

1. Name: \_\_\_\_\_  

	Surname	Full Given Names
--	---------	------------------
2. (a) Mailing Address \_\_\_\_\_  

	Town/City	Postal Code	Phone
--	-----------	-------------	-------

  
 (b) Permanent Address \_\_\_\_\_  

	Town/City	Postal Code	Phone
--	-----------	-------------	-------

  
 (c) E-mail address \_\_\_\_\_
3. Parents' Home Address \_\_\_\_\_  

	Town/City	Postal Code	Phone
--	-----------	-------------	-------
4. Date of Birth: \_\_\_\_\_  

Day	Month	Year
-----	-------	------
5. Alberta Education Student ID Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Name of last High School attended \_\_\_\_\_ Place \_\_\_\_\_  
 Year \_\_\_\_\_
7. Program of studies you are attending or enrolled in \_\_\_\_\_  
 \_\_\_\_\_  

Post Secondary Institution to be attended	Location
---	----------
8. Program begins: \_\_\_\_\_ ends: \_\_\_\_\_  

Month	Year	Month	Year
-------	------	-------	------
9. I hereby make application for a Sturgeon School Division No. 24 Scholarship, and certify that the information given above is complete and true in all respects.  
 Essay is attached as outlined above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Return this completed form by September 30 <sup>th</sup> to:	<b>Associate Superintendent, Education Services</b> <b>Sturgeon School Division</b> <b>9820 – 104 Street</b> <b>Morinville, AB T8R 1L8</b>
---	---

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Dave Johnson, FOIPP Coordinator at 780-939-4341 or [djohnson@sturgeon.ab.ca](mailto:djohnson@sturgeon.ab.ca)