

## Application Konica Minolta Scholarship

This scholarship of \$250 is awarded to one Sturgeon Composite High School graduate, one Redwater School graduate, and one Sturgeon Learning Centre/Morinville Learning Centre graduate who has demonstrated exemplary work habits, has an interest in technology and advancing technology in their education and is pursuing a post-secondary education in the school year following graduation from high school.

The recipient must provide confirmation of enrollment in a post-secondary institution. Confirmation of Enrolment (form attached) is to be completed and received between September 15 - 30 for the Fall Term, or January 15-31 for the Winter Term.

A typed 100 – 150-word submission addressing how technology can be used to improve education must be attached to the application.

**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) 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

Frank Robinson Education Centre    P: 780.939.4341    TF: 1.888.459.4062  
 9820-104 Street, Morinville, AB T8R 1L8    F: 780.939.5520    E: [frec@sturgeon.ab.ca](mailto:frec@sturgeon.ab.ca)





## Confirmation of Enrolment in a Post-Secondary Institution

### Note to Student

Students applying for a Konica Minolta Scholarship must provide confirmation of enrollment at a post-secondary institution. To facilitate this procedure, we would appreciate your arranging to have the following completed and returned to the address indicated below between September 15-30 for the Fall Term, or January 15-31 for the Winter Term.

### Note to Post-Secondary Institution

Please complete the following and return to the address indicated below.

This will confirm that \_\_\_\_\_ is  
(Name of Student)  
currently enrolled for the period indicated.

Period of attendance:

Commences			Ends		
	Month	Year		Month	Year

\_\_\_\_\_ Date

\_\_\_\_\_ Signature and Stamp/Seal of Official of Institution

\_\_\_\_\_ Name & Address of Institution

\_\_\_\_\_ Position

Return to:

**Deputy Superintendent, Education Services  
Sturgeon School Division  
9820 - 104 Street  
Morinville, AB T8R 1L8**

*In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.*

