Send Completed Scholarship Application to:
Crossfield Agricultural Society
Attention: Scholarship Committee
Box 914
Crossfield, Alberta T0M 0S0

Name: _____
First Last

Home Address: _____

Phone #: _____

Date of Application: _____

Name of Parents/Guardians: _____

_____

Post –Secondary Institution you are attending or plan to attend: _____

_____

Program: _____

Length of Program: _____

Type of Program (Certificate, Diploma, Degree): _____

High School Name: _____

Estimated cost of tuition: _____

Please list any school-related activities and organizations you have participated in over the last three years, example: Community baseball team – coached and organized tournaments – 2003. _____

_____

_____

_____

References (minimum of 2 people required):

_____

_____

	Name	Title	Phone #
Example:	Mr. Smith	4-H Leader	000-000-0000