

# 2016 Lloydminster Kinettes PROJECT HOPE SCHOLARSHIP

The Project Hope Scholarship is awarded to one student who is graduating from Lloydminster Comprehensive High School and is enrolling in a recognized post-secondary program.

Eligibility: Applicants must be from the current grade 12 graduating class and must be enrolled in a recognized post-secondary program such as a university, college, or apprenticeship program.

Amount of Award: One (1) \$750 scholarship

Selection Criteria: Applicants will be considered on the following criteria:

- Demonstrated record of community or school involvement
- An essay describing how the applicant has been successful in both school and community in spite of adversity he or she has experienced.

Application package must include:

1. A cover letter applying for the scholarship
2. A resume outlining school and community involvement
3. Your essay describing personal hardship or adversity you have experienced.

**NOTE: The winning applicant's essay will be forwarded to the Lloydminster Kinette Club for their information.**

Applications must be submitted by May 31, 2016. Send to:

Scholarship Selection Committee  
C/O Lisa Spence  
Lloydminster Comprehensive High School  
5615 42 Street  
Lloydminster, Alberta  
T9V 0A2

## Lloydminster Kinettes Project Hope Scholarship



The form is to be completed and attached to other required information when applying for this scholarship

Scholarship: **Lloydminster Kinettes Project Hope Scholarship**

Name of Applicant: \_\_\_\_\_  
(Last Name) (First Name)

Address of Applicant: \_\_\_\_\_  
Street/Box No. City

\_\_\_\_\_  
Province Postal Code Phone Number

Date of Birth: \_\_\_\_\_

High School(s) Attended: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_  
Street/Box No. City

\_\_\_\_\_  
Province Postal Code Phone Number

Name of Institution You Plan to Attend: \_\_\_\_\_

Anticipated Course of Study: \_\_\_\_\_

Length of Course: \_\_\_\_\_ Degree/Diploma Sought: \_\_\_\_\_

**Payment will be made upon receipt of evidence of Registration at the above named institute.**

*I hereby agree to notify the Scholarship Committee Chairman of changes of my educational plans that would affect my eligibility for this Scholarship and also certify that the above information is correct.*

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Signature of Applicant