



District of Elkford
816 Michel Road P.O. Box 340 Elkford, B.C. V0B 1H0
P. 250.865.4000 • F. 250.865.4001 • info@elkford.ca • www.elkford.ca

**DISTRICT OF ELKFORD
SCHOLARSHIP APPLICATION**

Applicant's Full Name: _____

Street and Mailing Address: _____

_____ Telephone: _____

Parent or Guardian's Name: _____

Post Secondary Institution applied to: _____

Post Secondary Program of Study to be taken: _____

Proof of residency in Elkford attached: YES ___ NO ___

Proof of attendance at Elkford Secondary School attached: YES ___ NO ___

Proof of registration in a post-secondary institution attached: YES ___ NO ___

INSTRUCTIONS:

1. Scholarships are open to Elkford residents only.
2. Applicants are required to complete this application **IN FULL** and provide copies of all documents as requested.
3. Applications must be submitted to the District of Elkford Office **by 4:30 p.m. on June 5, 2018.**
4. Awards will be made to only those students who pursue a recognized course of study at a University, College, or a Technical Institute. Courses of study must lead to a degree or diploma or certificate.
5. The scholarship funds will be forwarded to the post-secondary institution indicated by the recipient, upon receiving the final proof of attendance.
6. **If the final proof of attendance is not submitted by May 31st the following year, the unclaimed scholarship will be added to the scholarship program and distributed to other students in the following year.**

Applicant's Signature: _____ Date: _____