

Send Completed Scholarship Application to:



Crossfield Agricultural Society
Attention: Scholarship Committee
Box 914
Crossfield, Alberta
T0M 0S0

OR
crossfieldagsociety@gmail.com

Full Name: _____

Home Address: _____

Mailing Address: _____

Phone #: _____

Date of Application: _____

Name of Parents/Guardians: _____

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

Program: _____

Length of Program: _____ Estimated cost of tuition: _____

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

High School Name: _____

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