Scholarship Application

Applicant:	Full Name:		
	Address:		
	Telephone:	()	
	Preferred email	address:	
Application: Applicant is applying for one of the following scholarships checked below to support tuition and related costs at the designated educational institution for the designated school year:			
Scholarship:	(Full B: The I (Part- C: The l	MANTA 'Lāčplēsis' Scholarship of up to \$2,500: Time Post-Secondary Scholarship) MANTA 'Staburags' Scholarship of up to \$1,000:Time Post-Secondary Scholarship) IMANTA 'Draugi' Scholarship of up to \$500 -Time Continuing Education Scholarship)	
School Period	: 2012-20	013	
Educational In	stitution in Can	ada:	
Name:			
Addres	s:		
Course of Stud	dy:		
Certification:	Applica	nt certifies that the following information is true and correct:	
Applicant is enrolled at the designated institution for the designated school period. Applicant is an Alberta resident and either: -a Canadian citizen or landed immigrant: or -a foreign student holding a valid visa issued by Canada permitting Applicant to pursue in Canada the course of study designated above:			
The following	items must be s	ubmitted:	
- Course marks	and overall aver n about any com	cation process on previous page) age for the most recent school year completed munity involvement in the past year (please identify if there has	
awarded to the	Applicant, an offi	nowledges that, as a condition of receiving any scholarship cial tuition receipt from the designated educational institution for vill be required before monies are disbursed.	
Please tell us how you heard about the scholarship:			
Applicant's Signature	gnature	Date	