



Seed Smart Scholarship - Application Form

Last Name _____ First Name _____

Mailing Address _____ Town _____ Province _____ Postal Code _____

Phone Number _____ Email Address _____

Birthdate (dd/mm/yy) _____ Social Insurance Number _____

Are either of your parents, direct relatives, or legal guardians a member in good standing of any co-op seed cleaning association? (circle one): **Yes No**

If so, please provide the name of the seed cleaning co-op. _____

Are you a Canadian citizen (circle one): **Yes No**

Are you a permanent resident of Alberta (circle one): **Yes No**

Post Secondary Studies

Name of Institution: _____

Entry Date: _____

Name of Program _____

Have you enclosed an official transcript of your marks for your first year? (circle one): **Yes No**

Secondary Education:

Name of High School _____

Town/City _____ Date of completion _____

Declaration of Applicant:

I have read and understand the instructions and declare that:

- All information provided is true and complete and I understand it is subject to audit.
- I will be a full time student at the institution named for the period stated.
- I will immediately notify Alberta Seed Processors in writing if I withdraw from full time studies before completing my second year of studies.

I authorize Alberta Seed Processors to release my name and program of study should I receive a scholarship.

Signature of Applicant

Date