

PERSONAL INFORMATION

Name _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone: _____ Fax: _____

Email _____

INSTITUTIONAL AFFILIATION (if any): _____

To be eligible for educational assistance, I confirm that: (please \surd)

I am an individual member of the ASA in good standing as of May 15th for the current membership year.

I am an Alberta resident or have a permanent address in Alberta.

NAME OF EDUCATIONAL INSTITUTION: _____

NAME OF COURSE OR PROGRAM _____

Please attach a copy of letter of acceptance or enrolment.

Starting Date: _____ Anticipated Completion Date: _____

EDUCATION, RELATED EMPLOYMENT OR OTHER EXPERIENCE:

Please attach copy of transcript and/or resume.

REFERENCES:

List at least two and attach letters from those individuals.

Phone: (____) _____

Phone: (____) _____

OTHER FUNDING SOURCES	AMOUNT AWARDED
_____	_____
_____	_____
_____	_____

I certify that the information provided in this application and attached documents is accurate and complete and I will abide by the conditions specified in the Guidebook to Educational and Travel Grant Programs.

Signature _____