

ESTEVAN O.T.S. SCHOLARSHIP APPLICATION FORM

NAME _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____

PHONE _____ OTHER PHONE _____

EMAIL _____

SCHOOL CURRENTLY ATTENDING _____

DATE OF GRADUATION _____

GRADE AVERAGE _____

ACTIVITIES & HONOURS: _____

POST SECONDARY YOU PLAN TO ATTEND _____

DATE YOU PLAN TO ATTEND _____

WHAT YOU PLAN TO STUDY _____

QUESTIONS/COMMENTS: _____

