



MARK NOLAN MEMORIAL SCHOLARSHIP DECLARATION OF APPLICANT

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND DECLARE THAT:

- a. All information provided is true and complete and I understand it is subject to audit;
- b. I will be a full-time student at the institution named for the period stated;
- c. I will be immediately inform the selection committee in writing if I withdraw from full-time studies before completing semester of studies.

I UNDERSTAND AND AGREE THAT:

- a. My personal information pertaining to my high school academic record may be released and exchanged by and between Alberta Education and the Selection Committee for the purpose of determining my eligibility for a scholarship;
- b. My personal information pertaining to my post-secondary academic enrolment status may be released and exchanged by and between the educational institution and the Selection Committee for the purpose of determining my eligibility for a scholarship;

I authorize the Fort McMurray Minor Hockey Association to release my name, address and award value if I receive a scholarship.

Signature:

Date:

Please ensure that:

- a. **The application is complete, signed and dated;**
- b. **The copy of your transcripts is included;**
- c. **Two letters of reference are included in sealed envelopes.**



MARK NOLAN MEMORIAL SCHOLARSHIP APPLICATION FORM

The personal information that you provide on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by the Fort McMurray Minor Hockey Association to help determine successful award applicants. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. This information will be retained by the FMMHA in accordance with approved Records and Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the President of the Fort McMurray Minor Hockey Association.

Name of Applicant		Alberta Student Number	
Social Insurance Number	Address		
City	Province	Postal Code	Telephone Number
Permanent resident of RMWB since:		High School Graduating from:	
Place of birth: (City and Country)		Citizenship (If landed immigrant, please attach copy of immigration form)	
Proposed Post Secondary Studies		Name of Institution:	
Location:		Entry date for Program:	

Community Service / Volunteer Activities

In the space below, or on a separate sheet, please list your volunteer and community activities in your school and in your community. Only list activities you were involved in during the last three years. Please state the approximate time commitment for each activity (e.g. one hour, one day, one month, one season, one year). You may add an extra page to the application if you need more space. Please include two completed letters of reference in a SEALED envelope.

Activity	Amount of Time