



**RMCA Scholarship Application Form 2019**

**Personal Information:**

\_\_\_\_\_  
Alberta Student Number

\_\_\_\_\_  
Last Name (current full legal name)

\_\_\_\_\_  
First Name & Initial (current full legal name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Birthdate (dd/mm/yy)

\_\_\_\_\_  
E-Mail Address

**RMCA Membership or Volunteer:**

Are either of your parents, or legal guardian, a member or volunteer of RMCA?

- Yes                       No

\_\_\_\_\_  
Name of Parent/Legal Guardian (Member or Volunteer)

**Citizenship:**

- Canadian Citizen                       Clearwater County Resident

Do your parents currently live in Alberta?     Yes                       No

Did your parents live in Alberta while you were in high school?     Yes                       No

**Proposed Post-Secondary Studies:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Entry Date for Program

\_\_\_\_\_  
Name of Program

**Secondary Education:**

Name of High School: \_\_\_\_\_

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Province

Date of completion of High School (mm/yy): \_\_\_\_\_

**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 student at the institution named for the period; and
- I will immediately notify RMCA in writing if I withdraw from studies before completing one semester of studies.

I authorize RMCA to release my name and program of study if I receive a scholarship.

\_\_\_\_\_  
Signature of Applicant (in ink)

\_\_\_\_\_  
Date