

AGRICULTURAL SERVICE BOARD BURSARY APPLICATION

PURPOSE

To encourage local high school students to choose a career in agriculture and financially assist them while attending an agricultural or home economics related program at a post-secondary institution.

REFERENCE AND REQUIREMENTS

1. Bursaries are available to students wishing to continue their education at a college or university offering an in-depth Agricultural, Agri-tech or Environmental related program.
2. Bursaries worth \$1,000 each are available each year. Applications, with all supporting documentation, must be received by the agricultural fieldman by September 30th.
3. Each student may obtain a bursary only once.
4. Applicants must be residents of Cypress County or urban areas within the outer boundaries of Cypress County (which includes the City of Medicine Hat & Town of Redcliff).
5. The applicant is required to supply a copy of his/her marks from the last year of high school attendance, together with a letter of acceptance and course of studies planned at the College or University.
6. The Agricultural Service Board shall award bursaries upon the recommendation of the Agricultural Fieldman and a local Alberta Agriculture Specialist, based on scholastic standing, social and community activities. The decision of the ASB is final.
7. The cheque shall be made payable to the recipient of the award.

Forward all applications together with the required supporting information to:

Agricultural Service Board
Cypress County
816 – 2nd Ave Dunmore, AB
T1B 0K3
Fax: 403-526-8958
Email: ag@cypress.ab.ca





APPLICATION FOR BURSARY

Application for a Cypress County Bursary to assist in a _____
course of studies at _____
in the term beginning _____

NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE #: _____

EDUCATION Last Grade Completed: _____ Number of Credits: _____

High School Attended: _____

Other: _____

SCHOOL OR COMMUNITY ACTIVITIES IN WHICH I HAVE PARTICIPATED:

Year	Activity	Position Held
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(if room is insufficient, use back of sheet or attach a separate page)

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

NAMES AND ADDRESSES OF TWO REFERENCES:

1. _____
2. _____

I declare that the above and attached information is correct to the best of my knowledge, and if I am awarded a bursary, I will comply with all regulations pertaining to this application.

Date

Signature

