

Al Sorensen Memorial Scholarship Criteria 2009

Objectives

- To encourage further education / training to individuals who have a family member and/or are involved with SPN.
- To contribute to further education of a registered member and/or registered members family at recognized post-secondary Canadian institutions.

Guidelines

- To be awarded to a well-rounded person who have a family members and/or who play and are registered with SPN.
- Awarding of a scholarship is conditional upon acceptance to a program at a recognized Canadian institution of the applicant's choice and will only be awarded upon verification from the accepting institution in writing.

Al Sorensen Memorial 2009 Scholarship Application Form

| | |
|--|--|
| Mail To: Al Sorensen Memorial Scholarship Committee c/o #10 – 6852 – 193 Street Surrey, B.C. V4N 0C8 | Due By: June 30, 2009 for September 2009 school year Email: impac@shaw.ca Tel: 778-278-2762 |
|--|--|

- 1) It is important to follow all guidelines. If the guidelines are not followed, your application will not be considered.
- 2) Applicants will not be considered if application form is not filled out correctly or if information is missing/inaccurate.
- 3) The completed form, including two reference letters dated within six months of the application date, from separate individuals who are not related to you, and who are associated with separate institutions or organizations, must be received by the Scholarship Committee no later than June 30, 2009 to be considered for a September 2009 scholarship award.
- 4) This scholarship is conditional upon being accepted into a registered Canadian institution of the applicant's choice and will only be awarded when the Scholarship Committee has written proof of this acceptance from the institution.
- 5) For all answers, please use the space provided in the form. If any additional space is required please attach additional pages to the application form.

PLEASE PRINT CLEARLY OR TYPE

| | | |
|---|-----------------|-----------------|
| NAME: | | |
| ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| DATE OF BIRTH: | E-MAIL: | |
| | TELEPHONE: | |
| FAMILY MEMBER WHO PLAYS AND IS REGISTERED WITH SPN (NAME OF PERSON, RELATION TO APPLICANT AND LEAGUE/AREA): | | |
| EDUCATIONAL INSTITUTION APPLYING TO: | | |
| FIELD OF STUDY & CAREER GOALS: | | |
| | | |
| | | |
| | | |
| | | |
| YEAR ENTERING (CIRCLE ONE): | 1 ST | 2 ND |
| | 3 RD | 4 TH |
| COURSE COST: | | |

