

o P.O. Box 490 • Beauval, Sk. • S0M0G0 Phone: (306)288-2370 • Fax: (306)288-2371 • Email: pledco1@sasktel.net

PLEASE PRINT CLEA	ARLY SCHO		
Student Name:		D.O.B. (d/m/y):	
Address:		Phone:	
		Email:	
High School atter	ıded:		
	rogram student is enrolled in:		-
Name of Education	onal Institute:		
Length of Program	n / Year of Study:		
Sessions Start Da	te:		
Session End Date	•		
Type of Accredita	tion: Certificate/Diploma/Degr	ee/Other:	
Anticipated Grad	uation Date:		
Have you receive	d either a PLEDCO Scholarship	or Award previously? Yes:	No:
What year(s)?	·	· · · · · · · · · · · · · · · · · · ·	
What year(s)?  So  Trai  Con  Two  Typ  Cur	Cholarship Applications are due Scholarships will be disched by Checklist for the Script from Ministry of Education from each (2) Reference letters of recomed Letter of interest-must be attern typed student resume	e before the end of September of sbursed by December of that yea or Application Package on/transcript of post-secondary meducation institute imendation	each year. r.
What year(s)?  So  Trai  Con  Two  Typ  Cur	cholarship Applications are due Scholarships will be di Checklist for escript from Ministry of Educati firmation of registration from e (2) Reference letters of recomed Letter of interest-must be at	e before the end of September of sbursed by December of that yea or Application Package on/transcript of post-secondary meducation institute imendation	each year. r.
What year(s)?  Oracle  Trai  Con  Typ  Curr  1 1/2	Cholarship Applications are due Scholarships will be disched by Checklist for the Script from Ministry of Education from each (2) Reference letters of recomed Letter of interest-must be attern typed student resume	e before the end of September of sbursed by December of that yea or Application Package on/transcript of post-secondary meducation institute mendation least 500 words	each year. r.

## DECLARATION & MEDIA RELEASE

## **DECLARATION**

I hereby declare that the information I have provided herein is correct to the best of my knowledge, that I
plan to be a full-time student during the academic period stated, and I understand that if I discontinue full-
time studies during the academic period for any reason, I will be required to repay a pro-rated share of the
award provided by PLEDCO.

award provided	d by PLEC	CO.	errou ror arry rec		ian ca to rep	say a pro racea	
Signature:							
Date:		<i></i>	Month / Da	y / Year			
photographs and documentary not both printed are program prome	nd/or vid naterials nd online otion, ma	eo and audio such as Publ newsletters aterials, and	o taken of me. T lic Service Annou s. Furthermore, I any other purpo	opment Corporat hese images may uncements, Gran authorize the us ses in connection nent Corporation	be used in an an and the second t	educational and ns, Video Docur ge, likeness, an	d mentaries and ad voice for all
its agents or em part, whether or from or related blurring, alterati	ployees, n paper, v to the use on, optic	including an via electronice of the pho cal illusion, o	y firm publishing c media, or on W tographs/video, r use in composi	Primrose Lake Edg and/or distribut /eb sites, from ar including but not te form, either in , or production o	cing the finis ny claim, dar t limited to a ntentionally	shed product in mages, or liabili any misuse, dist or otherwise, th	whole or in ity arising tortion, hat may
signing below, for free to address a signing, and I ag	ully unde any speci ree that i	rstanding th fic questions my failure to	e contents, mea s regarding this r o do so will be in	ian of the applica ning, and impact elease by submit terpreted as a fre	of this relea tting those q ee and know	ase. I understan questions in wri	nd that I am ting prior to
Name (print):	-			Name of Parent/Gua	rdian		
Signature:				Address:		Phone	
Date:	,	<i>,</i>					
Month	Day	Year					