Keewatin Patricia Elementary Teachers' Scholarship Application

Contact Information- ** Must be a son or daughter of a KPDSB Contract Elementary Teacher- (not Occasional teacher)**

Name		
Address		
City Postal Code		
Home Phone		
Alternate Phone		
E-Mail Address		
Parent Information Name of Parent that i	s a teacher:	
Parent's School:		
Post- Secondary Edu	cation Plans	
ost- Secondary Education Plans st the College, University, or other institute that you will be attending in the Fall.		
Contribution to the S Summarize your involvement	chool and Community ent.	
Agreement and Signa	ature	
understand that if I am a	ccepted, I will receive the scholarship money (\$500.00) once I confirm my enrolment, the post secondary institute, by sending a letter from the School's Registrar.	
Signature		