



P.O. Box 1538
Rocky Mountain House, AB T4T 1B2
Telephone: (403) 845-4600 Toll Free: 1-888-845-4616
Fax: (403) 845-2751
Email: bmpc@bmpower.coop

Scholarship Application

Personal Information:

_____	_____		
Alberta Student Number	Social Insurance 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/yyyy)	E-Mail Address		
_____	_____		

Blue Mountain Power Co-op Membership:

Are either of your parents, or legal guardian, a member in good standing of Blue Mountain Power Co-op?

Yes No

Name of Parent/Legal Guardian (Member)	Member Number
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Citizenship:

Canadian Citizen Permanent Resident (Landed Immigrant)
(Note: Landed immigrants must include a photocopy of their immigration form, Visa students are not eligible.)

Do your parents currently live in Alberta? Yes No

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

ID: Form ADM-0006	Scholarship Application		
Effective Date: 10-Dec-2018	Last Revision: 10-Dec-2018	Version: 2.0	Total Pages: 2



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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/yyyy)

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 Blue Mountain Power Co-op in writing if I withdraw from studies before completing one semester of studies.

I understand that if I receive a scholarship, I, or a member of my immediate family, will attend the next Blue Mountain Power Co-op Annual General Meeting to express a public thank you to the Membership and the Board of Directors.

I authorize Blue Mountain Power Co-op to release my name and program of study if I receive a scholarship.

Signature of Applicant (in ink)

Date

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