



P.O. Box 1538  
Rocky Mountain House, AB T4T 1B2  
Telephone: (403) 845-4600 Toll Free: 1-833-310-7697  
Fax: (403) 845-2751  
Email: [bmpc@bmpower.coop](mailto:bmpc@bmpower.coop)

## Scholarship Application

### Personal Information:

\_\_\_\_\_

Alberta Student 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)

\_\_\_\_\_

Account Number

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: 15-Mar-2023	Version: 4.0	Total Pages: 2



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**Proposed Post-Secondary Studies:**

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Name of Institution

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Entry Date for Program

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Name of Program

**Secondary Education:**

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Name of High School

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Town/City

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Province

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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 have the option to 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.

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Signature of Applicant (in ink)

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Date

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