David & Betty Molloy Student Award
Scholarship Program 2024 Application Form

Deadline: This application form and all other required documentation must be received by April 15, 2024 (4:00 p.m. Central Time)

Mail to: David & Betty Molloy Student Award
C/O RM of Milton No. 292
PO Box 70 Marengo SK S0L 2K0

Question? Call (306) 968-2922 (Monday - Friday 8:00 a.m. to 4:00 p.m.
or e-mail: rm292.rm322@sasktel.net

Required fields are indicated by an asterisk (*):

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. _____* I am a resident of the Rural Municipality of Milton No. 292, Rural Municipality of Antelope Park No. 322, Rural Municipality of Chesterfield No. 261, or Grassy Island Lake Wildlife Management Unit 163
2. _____* I will be attending post-secondary education in person and enrolled in an agricultural program.
3. _____* I am a Canadian resident
4. _____* I Have included academic history, resume, community involvement, background, goals & ambitions.

5. ***Name:**
   a. First name* -- Middle name(s) – Last name*:
   _____
   b. If it is different than your formal name, what do you prefer to be called?
   _____

6. ***Home Address**:
   *Land Location or civic address: _____

   Mailing Address: _____

   *City: _____

7. ***Primary Telephone**: (_____) _____

8. **Secondary Telephone**: (_____)_____

9. **E-mail:** _____

10. ***Date of Birth** (MM/DD/YYYY): _____/_____/_____

11. ***What school do you currently attend?**

    *Name: _____
    *City: _____ *Prov.: _____ *Postal Code _____
     Phone Number: (____)_____
    *What is your current GPA? : _____

12. ***What college will you attend in 2024-2025?** (If undecided at present, please indicate)

    12 a. Name: _____
           City: _____ Prov.: _____ or,

    12 b. Undecided. Post-secondary institution under consideration are:
    _____

13. ***What profession or field of employment do you wish to enter with your college degree?**
    _____

14. ***Anticipated year of college graduation:** _____

15. **List any other postsecondary institutions you have attended:**

    15 a. Name: _____
           City: _____ Prov.: _____ Years: _____

    15 b. Name: _____
           City: _____ Prov.: _____ Years: _____

    15 c. Name: _____
           City: _____ Prov.: _____ Years: _____

16. ***Resume –** Must be included with application
    Highlighting academic achievements, student involvement, volunteer and community
    involvement, activities & Hobbies.

17. ***Two Letters of reference**

18. ***Certification Statement:**
    By signing my name below, I confirm that all of the information provided above and in the
    accompanying documents is true and correct to the best of my knowledge.

    Signed: _____   Dated: _____