



Air Cadet League of Canada
Alberta Provincial Committee



Alberta
Provincial Committee



Supporting Air Cadets In Alberta

Alberta Provincial Committee Scholarship Application Form

Applications and all supporting documents must be received no later than **June 30th**.

Personal Information		
Last Name:		
First Name(s):		
Rank:		
Squadron Number and Name:		
Date of Birth:		
Date of Enrollment:		
Mailing Address:		
Phone:	Cell Phone:	Email:
Scholarship (select one or more)		
<input type="checkbox"/> Bob Barraclough Leadership Scholarship		
<input type="checkbox"/> Alberta Aviation Council - AME/Avionics Award Scholarship		
<input type="checkbox"/> K.C. Lett Scholarship		
Gordon Welling Air Cadet Fellowship Scholarship - Alberta		



Post Secondary Institution (not required for Let continuation flying award)		
Name of Institution:		
Program Website:		
Field of Study/Education (select one)		
Institution Student Identification Number (if available)		
<input type="checkbox"/> Aviation	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Engineering
<input type="checkbox"/> Nursing	<input type="checkbox"/> Pilot/Continuation Flying	<input type="checkbox"/> Science
<input type="checkbox"/> Vocational	<input type="checkbox"/> Other (specify)	
Supporting Document Checklist		
<input type="checkbox"/> One-Page Narrative (not required for Bob Barraclough Leadership Scholarship)		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Cadet Information Card		
<input type="checkbox"/> CO letter of recommendation		
<input type="checkbox"/> SSC Chair letter of support/recommendation		
<input type="checkbox"/> Additional letter of support/recommendation (specify)		
<input type="checkbox"/> Additional letter of support/ recommendation (specify)		
Declaration		
I declare that the statements made in this application are true.		
I acknowledge I will receive a T4A for income tax.		
If selected, I agree to provide a photograph of myself for publicity purposes. I also understand and accept that my application may be shared with the donors of the scholarship.		
Name (print)	Signature (if over 18)	
Parent/Guardian Name (print)	Parent/Guardian Signature (if under 18)	
		Date (yyyy/mm/dd)



FOR OFFICE USE

UNIT SCHOLARSHIP YEAR NOMINEE NAME

Submissions must be received in digital form (ideally one PDF file including nomination form and supporting documentation) by the Chair of the APC Honours and Awards Committee at past.chairman@aircadetleague.ab.ca no later than June 30th.