



WILD ROSE

SAFE AND RELIABLE POWER

BOX 5150
WESTLOCK, AB T7P 2P4

TEL: 780-349-3655
FAX: 780-349-3659

Scholarship

Wild Rose is a member-owned rural electrification association.

This scholarship was established in 2013 by Wild Rose.

It was created to recognize the academic accomplishments of Wild Rose Members, and their children, as well as to assist and encourage further education for the betterment of our community.

Eligibility Requirements:

Applicant must:

- be a Wild Rose Member, or have parents or legal guardians who are Members, in good standing.
- be enrolled, or proposed to be enrolled, in post-secondary education or an Alberta Apprenticeship Program.
- agree to appear (either by the recipient, parent or guardian) at the next Annual General Meeting to accept their scholarship award.
- submit an essay on why he/she should be the recipient of this scholarship.
- submit an official Government of Alberta transcript.
- submit two (2) letters of reference either from teachers, 4H leaders, employers, minister or coaches. The letter should describe the qualities the applicant displays which makes him/her an appropriate candidate for this scholarship such as: academic standing, achievements in extracurricular activities and community involvement.

Application Procedure:

Applications forms are will be available from our office or via our website.

Completed applications must be mailed to: Wild Rose
Box 5150
Westlock, AB T7P 2P4

Completed applications must be received no later than March 31. For more information, please call 780-349-3655.

Selection Procedure:

Applicants will be judged on their academic success based on the average of their five highest Grade 12 courses with a minimum of three credit value, their essay and letters of reference.

The successful recipients will be chosen by The Board of Directors and notified accordingly.



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Scholarship APPLICATION FORM

Personal Information:

Alberta Student Number _____ Birthdate (mm/dd/yy) _____
Name _____
Address _____
Phone _____
Email address _____

Parents/Legal Guardians Information:

Name _____
Account Number _____
Members in good standing of Wild Rose (circle one) Y N

Proposed Post-Secondary Studies or Apprenticeship Program:

Name of Institution _____
Name of Program _____
Entry Date of Program (mm/dd/yy) _____

Secondary Education:

Name of High School _____
Town/City and Province _____
Date of Completion of High School (mm/dd/yy) _____

Declaration of Applicant:

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS, AND DECLARE THAT:

- all information provided is true and complete.
- I will be a full-time student at the institution named for the period stated.
- I will immediately notify Wild Rose in writing if I withdraw from the full-time studies before completing one semester of studies.

I hereby authorize Wild Rose to release my name, photo and program of study if I am the recipient of this scholarship.

Signature of Applicant

Date (mm/dd/yy)