

# Canadian Western Agribition Scholarship Application

Box 3535, Regina, Sask. S4P 3J8 Phone: (306)565-0565 Fax: (306)757-9963

NAME: \_\_\_\_\_  
Surname First Name Initial

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Box #/RR#/Street Address

PHONE #: \_\_\_\_\_

\_\_\_\_\_  
Town/City Province

POSTAL CODE: \_\_\_\_\_

E-mail address: \_\_\_\_\_ SOCIAL INSURANCE NO: \_\_\_\_\_

NAME OF PARENTS/GUARDIANS: \_\_\_\_\_

Participation at Agribition: (Please state year(s)): \_\_\_\_\_

Description of Participation (4-H Judging, Sheaf Competition, Junior Steer Show, etc.) \_\_\_\_\_

## SCHOOL HISTORY:

### *Secondary School(s) Attended:*

School Name	City/Town	Phone
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_____	_____	_____
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### *Post Secondary: (submit official transcripts)*

School Name	City/Town	Phone
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_____	_____	_____
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### *Describe your involvement in school activities and your achievements:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe your involvement in community activities, clubs, and organizations and accomplishments:* \_\_\_\_\_

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*Describe other activities, pastime, or hobbies in which you are involved:* \_\_\_\_\_

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*Describe your employment experience:* \_\_\_\_\_

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*If your scholarship application is successful, in what institution and program will it be utilized?*

_____	
<b>Institution</b>	
_____	
<b>Program/Major and Length (# of years)</b>	
_____	
_____	_____
<b>Address</b>	<b>Phone</b>
_____	
_____	_____
<b>City</b>	<b>Postal Code</b>

*In what year of the program will you be enrolled?* \_\_\_\_\_

**CAREER OBJECTIVES:**

*Please describe your career goals and objectives, and outline the plans you have made in order to achieve them. (Use additional paper if necessary).*

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**REFERENCES: (We will contact the reference, if needed)**

**1) Canadian Western Agribition (Barn Boss, Committee Member, etc)**

_____	_____	_____
Name	Address	Phone #
 _____	 _____	
Position	Town/City/Postal Code	

**2) Academic reference: (high school, college, trade college, etc)**

_____	_____	
Name	Title	
 _____	 _____	
Administration	Address	
 _____	_____	_____
City/Province	Postal Code	Phone #

**3) Community: (Club Leader, Minister, etc.)**

_____	_____	
Name	Position/Relationship	
 _____	_____	_____
Address	Town/City/Postal Code	Phone#

# Canadian Western Agribition Scholarship

The Canadian Western Agribition Scholarship program is intended to provide financial support and incentive to young people in order to pursue post secondary and graduate education. The funding for the scholarship program is derived from a variety of Agribition activities, as well as from recognized outside contributions. The number of scholarships awarded in any year is dependent upon the financial resources available to the program, and the number of qualified applications submitted. Not all scholarships need to be awarded in every year.

## Conditions:

1. Applicants must have participated in Canadian Western Agribition as an exhibitor. Eligible exhibitor activities include all livestock classes, 4-H classes, grain and forage classes and active trade exhibit participation.
2. The dollar value of each scholarship will be \$1,000.
3. The applicant must be applying for a scholarship for their second or subsequent year in a program of at least two years duration.
4. The scholarship shall be used at a recognized post secondary and graduate educational institution.
5. **No applicant is eligible for more than two CWA Scholarship awards in her/his academic career.**
6. Deadline for applications is July 1st.
7. Successful scholarship candidates will be contacted directly by Canadian Western Agribition by the end of August.
8. Applicants may re-apply in subsequent years, if they meet the requirements.
9. There is no age limit for the Applicants.
10. Upon selection being made by Canadian Western Agribition, one half of the scholarship will be disbursed to the applicant's educational institution at the beginning of the academic year. The remaining 50% will be disbursed upon confirmation that the applicant has maintained grades consistent with Scholarship requirements after completion of the first term of the academic year.



## APPLICANT'S STATEMENT

I, \_\_\_\_\_, hereby apply for a Canadian Western Agribition scholarship.

If granted a scholarship, I will utilize the funds to pursue the education which I have described in this application.

I understand that my grades must be maintained at scholarship levels appropriate to the educational institution at which I am enrolled in order to receive either the first and/or second disbursement of this award. I hereby authorize Canadian Western Agribition to contact the references which I have provided, and to obtain information regarding scholastic performance, attendance, and scholastic habits from the educational institutions named in this application. I also agree:

1. To promptly inform Canadian Western Agribition in the event that my academic program is interrupted or terminated;
2. To keep Canadian Western Agribition informed of my correct current address;
3. To the terms and conditions set forth in this application;
4. That the information submitted in this application is complete and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_