



**ASSOCIATION OF CANADA
SCHOLARSHIP APPLICATION**

Name: _____ Age: _____

Address: _____
R.R. No./Street Address

City: _____ Prov: _____ Postal Code: _____

Email: _____ Social Insurance # _____

Salers Association of Canada membership number:

- Junior Member
 - Regular or Associate Member
 - Son/daughter of Member
 - Other
-

Return application and documentation to:
Salers Association of Canada
5160 Skyline Way N.E.
Calgary, AB T2E 6V1

APPLICATION DEADLINE December 31st

****Note: The essay, resume and photo must be submitted with the application!***