



# SCHOLARSHIP APPLICATION FORM

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHOLARSHIP INFORMATION

Have you received a previous EDA scholarship before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please elaborate (ie. Date, amount, course title etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of course are you planning to take?

\_\_\_\_\_ BIA CEDTP Online/In-Person

\_\_\_\_\_ U of C Professional Management Certificate-Economic Developers Course

\_\_\_\_\_ Other \_\_\_\_\_



**When are you planning to take it?** \_\_\_\_\_

**Where are you planning to take it?** \_\_\_\_\_

**Anticipated total cost:** \_\_\_\_\_

**Are you receiving other sources of funding?** \_\_\_\_\_ No \_\_\_\_\_ Yes

**If yes, how much?** \_\_\_\_\_ (ie. Employer, CISP, EDAC, personal)

**What are your career goals and objectives?** \_\_\_\_\_

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

**APPLICANT AUTHORIZATION**

- The applicant acknowledges the scholarship is paid only after the Scholarship Chair receives relevant paid invoices
- Information herein is being used by EDA to make a decision on scholarship funding. If found to be false or misleading, approval may be withdrawn at the option of the association.
- I hereby approve that the information contained in this application be shared with EDA members and a public announcement regarding approvals can be made in EDA literature.

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

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

**SUBMISSION INFORMATION**

Please fax completed application to:

Economic Developers Alberta  
Re: Scholarship  
(403 214-0224

Suite 127, #406 917-85 St. SW  
Calgary, Alberta T3H 5Z9  
Phone: 1-866-671-8182  
www.edaalberta.ca