



EDMONTON CATHOLIC SCHOOLS

FRANK SCHNEIDER EDUCATIONAL TRUST FUND

Name: \_\_\_\_\_  
Surname First Other

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Schools attended this academic year (Grade 12) \_\_\_\_\_

Name of Parent(s) or Guardian(s) (MUST BE E.C.S.D. Employee/Trustee):

\_\_\_\_\_

E.C.S.D. Position: \_\_\_\_\_

Please write a short explanation regarding:

(a) Your career goals and plans for the next academic year.

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

(b) Your use of a scholarship from the Frank Schneider Educational Trust Fund.

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

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

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL MARKS TO DATE WITH THIS APPLICATION FORM.