



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.

Signature of Applicant: _____ Date: _____

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