

**BUSARY AWARD PROGRAM APPLICATION
IVMAA MEMBERS ONLY
MUST HAVE COMPLETED FIRST YEAR OF STUDIES**

PLEASE PRINT CLEARLY

Surname	First	Middle	Name Used
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Date of Birth (M/D/Y)	Tel. No. & Area Code
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Permanent Address	City	Province	Postal Code
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Parent - Surname	First	Middle	Name Used
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IVMAA member since	Membership No.	Tel. No. & Area Code
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Parent - Permanent Address	City	Province	Postal Code
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INSTITUTION CURRENTLY ATTENDING	COMPLETE ADDRESS	DATES
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FIRST YEAR INSTITUTION ATTENDED	COMPLETE ADDRESS	DATES
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PROPOSED DEGREE/DIPLOMA	LENGTH OF COURSE
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PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES AND INTERESTS
(ATHLETICS, HOBBIES, MUSIC, STUDENT GROUPS, ETC.)

I AGREE TO THE TERMS AND CONDITIONS OF THE INDUSTRIAL VEGETATION MANAGEMENT ASSOCIATION OF ALBERTA BURSARY AWARD PLAN AND WILL FURNISH THE ASSOCIATION WITH THE RESULTS OF MY MARKS FROM MY FIRST YEAR OF STUDIES, AS SOON AS THEY ARE AVAILABLE.

DATE	SIGNATURE OF APPLICANT	SIGNATURE OF EMPLOYEE
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Have you attached? (2) Marks from Institution from first year of studies 3) Graduation Picture

**PLEASE RETURN COMPLETED FORM & ATTACHMENTS BY OCTOBER 31ST TO JOHN VANDEN BROEKE IVMAA MANAGER
BOX 55 PICTURE BUTTE, ALBERTA T0K 1V0**