

Auctioneers Association of Alberta

PO Box 2052, Carstairs, AB T0M 0M0 Phone:403-340-2070 Fax:340-2019

Scholarship Application - General

		App	licant In	formation		
Full Name:	Last	First		М.І.	Date:	
Address:	Lusi	1 1131		191.1.		
	Street Address				Apartment/Unit #	
	City			Provi	nce Postal Code	
Phone:	Email					
College/University Attended or Attending			Dates			
Program or Degree				Grade or mark		
High School Attended			Date Graduated	Grade or mark		
Do you have a parent or grandparentYESNOthat is a member of AAA			Name of Parent/Grandparent			
т	ell us about your chose	en field of	fstudya	and what inspired to	pursue this career	

Continued on next page:

Re	ferences
Please list three references.	
Full Name:	Relationship:
Company:	-
Address:	
Full Name:	
Company:	
Address:	
Full Name:	
Company:	5
Address:	

I certify that my answers are true and complete to the best of my knowledge.

Signature:	 Date:
Signature of Nominating Member	Date: