



Application

The OpenCircle Scholarship provides assistance to children of OpenCircle member employees pursuing post-secondary education, including apprenticeship technical training. This scholarship can be awarded to post-secondary students in any year of their current program, with a maximum of one application per student during their schooling. While this scholarship is not necessarily given out based on academic standing, there are a limited number of spots and OpenCircle reserves the right to reject applications based on the number of applications we receive. The total sum awarded per person for the scholarship will be \$1,500. The scholarship applies to any accredited post-secondary institution.

Criteria:

- 1) Student must be under 25 years of age at the March 31, 2023 deadline.
- 2) Student must be listed as the dependent child of an employee participating in the OpenCircle salaried or hour bankplan.
- 3) Parent/Guardian must be in benefit at the time of application. If you require further clarification as to your benefit status, please contact OpenCircle Benefits at 1.877.263.7266.

To apply:

Submit the following by March 31, 2023, to OpenCircle:

- 1) The completed and signed application
- 2) Acceptance letter from institution including student ID number (can be a photocopy)
- 3) Verification of enrolment document

**** Incomplete applications will not be considered.**

Please mail (or drop off) to:

OpenCircle
103 - 13025 St. Albert
Trail Edmonton, Alberta
T5L 4H5
Phone: 780-455-5999

Student Information: (Please TYPE or PRINT)

Name: _____
Surname First Name(s)

Address: _____

City: _____ PC: _____

Phone: () _____ Email: _____

Birthdate: (mm/dd/yyyy) _____ S.I.N. _____

Note: For tax purposes you must include a S.I.N. number for this application to be complete.

Student Education:

Name of school attended previous year: _____ Years attended: _____

Post-secondary educational institution attending: _____

Program of study: _____ Student I.D. Number: _____

Address of Institution: _____
(City) (Province) (Postal Code)

Parent Information: (Please TYPE or PRINT)

Name: _____
Surname First Name(s)

Company Name: _____

OpenCircle Benefits I.D Number: _____
(10 digit number located on Prescription Drug Card (e.g 090000**** or 0000*****))

Signature of parent: _____ Date: _____

Checklist

✓ Completed Application Form	✓ Acceptance letter from Institution enclosed
✓ Verification of enrolment document	

Date of application

Signature of applicant (student)