

CHAIN LAKES GAS CO-OP LTD

PH 403 784 3343

OFFICE@CHAINLAKES.CA

BOX 60 TEES ALBERTA T0C 2N0



Achievement Award Application Form

Name					
Address					
City		Province		Postal Code	
Phone Number			Date of Birth		
CO-OP MEMBER NAME			Acct Number		
Relationship to Applicant					
Address					
City		Province		Postal Code	
How long has your family been a member of Chain Lakes Gas Co-op Ltd.?					_____ Years
List in chronological order the school(s) (high school, post secondary) you have attended, including the one you are now attending					
Name of School	Address	From	To	Grades Completed	
References (attach supporting letter to application)					
Name				Phone Number	
Address					
City		Province		Postal Code	
Occupation					
Name				Phone Number	
Address					
City		Province		Postal Code	
Occupation					

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Address					
City		Province		Postal Code	
Occupation					
Name				Phone Number	
Address					
City		Province		Postal Code	
Occupation					
<u>Institution you plan to attend</u>					
Name					
Address					
City		Province		Postal Code	
Commencement Date			Length of Program		
Course of Study			Degree/Diploma/Certificate		
<u>Signatures</u>					
Applicant				Date	
Co-op Member Signature				Date	

Summary Note:

1. The application form must be signed and submitted no later than October 1
2. Be sure to include with this application the following:
 - a. Two (2) reference letters from any combination of teachers, employers, coaches, or ministers, provided they are not relatives
 - b. A 500 word essay discussing yourself and your goals
3. Email the completed application and supporting documents no later than October 1 to: scholarships@chainlakes.ca