

DR. ALLAN A. DIXON MEMORIAL SCHOLARSHIP

-Application

TERMS OF REFERENCE:

- 1. Open to all youth involved in the beef cattle industry who are attending a post secondary institution in the application year.**
- 2. Available to student pursuing post secondary education and recognized scholastic achievement.**
- 3. Applicants must be Canadian citizens.**
- 4. Previous Dr. Dixon Scholarships recipients are ineligible.**
- 5. Application deadline: SEPTEMBER 30th of current year.**
- 6. Previous applicants not chosen as recipients may re-apply.**

PART A - PERSONAL INFORMATION

1. Name:	_____
2. Present Address:	_____ _____
3. Phone #:	(_____) _____ - _____
4. Home Address:	_____ _____
5. Date of Birth:	_____ (D) _____ (M) _____ (Y)
6. Citizenship: Canadian Citizen	_____ (Y) _____ (N)

PART B - PARENT OR GUARDIAN INFORMATION

1. Parent/Guardian Name:	_____
2. Parent/Guardian Address:	_____ _____
3. Parent/Guardian Phone Number:	(_____) _____ - _____

PART C - PROPOSED OR CURRENT POST SECONDARY INSTITUTION

1. Name: _____

2. Address: _____

3. Course and Degree/Certificate/Diploma to be obtained: _____

4. Length of Course: _____ years. Year of Graduation: _____

5. First study period under Award commences: _____

PART D - EDUCATION BACKGROUND

1. Name of last secondary school attended: _____

2. Address: _____ Principal _____

3. Highest Grade completed: _____ Year: _____ (attach transcripts)

4. Resume of Post Secondary Education (if applicable): _____
Institution: _____ Course: _____
Academic Study Period: From _____ to _____
(attach transcripts of marks on which application for award is based)

PART E - CITIZENSHIP

1. List all school and community activities participated in during high school or while in attendance at an educational institution, as well as any executive positions held (if additional space is required, please submit on extra sheet).

2. Outline past/present involvement in the beef cattle industry (if additional space is required, please submit on extra sheet).

PART F -ESTIMATED BUDGET

RECEIPTS	AMOUNT	EXPENSES	AMOUNT
Savings at beginning of session	\$	Tuition	\$
Net earnings during session		Other Fees	
Contribution from parents		Books/Supplies	
Contribution from other sources		Room/Board	
Scholarships & Awards		Travel Exp.	
Tuition Grant		Other (specify)	
Other income (please specify-summer jobs etc.)			
TOTAL RECEIPTS:		TOTAL EXPENSES	
		Less	
		Receipts	\$
		Amount	
		Required	\$

PART G - REFERENCES

Name two persons, other than relatives or members of the institution staff or student, to whom reference may be made as to personal qualities and for verification of information supplied.

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:

PART H - SIGNATURE (ALL APPLICATIONS MUST BE SIGNED)

I hereby certify that the information given above is complete and true in all respects.

Date: _____

Signature: _____

Send completed applications to:

Garth Sweet Simmental Foundation
 #13, 4101 - 19th Street NE
 Calgary, AB
 T2E 7C4