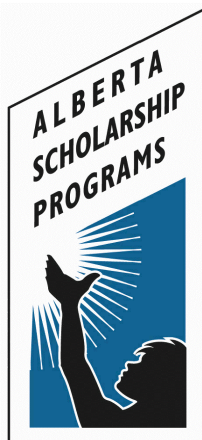

JASON LANG SCHOLARSHIP



JASON LANG SCHOLARSHIP

This scholarship was established in memory of Jason Lang, a 17-year old high school student who was killed in a school shooting.

The scholarship is designed to reward the outstanding academic achievement of Alberta post-secondary students who are continuing into their second, third or fourth year of an undergraduate program in Alberta.

Funds for this scholarship were provided by the Government of Alberta through Alberta Learning. The scholarship is administered by the office of Alberta Scholarship Programs.

VALUE

\$1,000

ELIGIBILITY CRITERIA

To be eligible, applicants must:

- * be Canadian Citizens, or Landed Immigrants: visa students are not eligible,
- * be Alberta residents; students will be considered residents of the province:
 - where they last spent twelve (12) consecutive months before the start of their program, or
 - where their parents live, or
 - are married to an Alberta resident,
- * be enrolled in a post-secondary program of a minimum of two years in length or greater, i.e. a program must offer at minimum four (4) academic terms or 32 weeks of academic instruction (excludes work term, co-op, etc.),
- * have completed at least 80% of a full course load in their first, second or third year of their post-secondary program during the fall and winter semesters, and
- * have achieved a minimum grade point average of 3.2 on a 4.0 scale in their first, second or third year of their program of study.

In addition, students are not eligible if they:

- * are not progressing in their program of study, i.e. entering the first year of a different program or transferring into the same year of another program,
- * interrupt their post-secondary studies,
- * are recipients of a Louise McKinney Scholarship for the same period of study,
- * transfer to an educational institution outside of Alberta,
- * are enrolled in a professional program such as Law, Medicine, or Dentistry,
- * have received the maximum lifetime limit of three (3) scholarships.

SELECTION PROCEDURE

Students who meet the eligibility criteria are nominated by the Alberta post-secondary institution where they completed their first, second or third year of undergraduate studies.

Students who transfer from one Alberta educational institution to another educational institution in Alberta for their second, third, or fourth year of study, must be nominated by the school where they completed their first, second or third year.

PAYMENT OF THE AWARD

To receive payment of the award, nominees must be:

- * continuing their post-secondary studies in the next level of their program, i.e. second, third or fourth year of their program, and
- * enrolled in at least 60% of a full course load.

For further information contact:

**Alberta Scholarship Programs
9th Floor, 9940 106 Street
Box 28000 Station Main
EDMONTON AB T5J 4R4**

**Telephone: (780) 427 - 8640
E-mail: scholarships@gov.ab.ca
Website: [//www.alis.gov.ab.ca/scholarships/](http://www.alis.gov.ab.ca/scholarships/)**

Application for Jason Lang Scholarship

N29

We are collecting the personal information on this form under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP Act)*, as being directly related to and necessary to determine your eligibility for a scholarship under the *Alberta Heritage Scholarship Act* and to administer the Alberta Scholarship Programs. If you have any questions about the collection of this information, please contact Alberta Scholarship Programs, 9th Floor, 9940 - 106 Street, Edmonton, AB, T5J 4R4, Phone (780) 427-8640.

27																			
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STUDENT I.D. NUMBER

09																			
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SOCIAL INSURANCE NUMBER

01																			
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LAST NAME

02																			
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FIRST NAME AND MIDDLE INITIAL

03																			
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APARTMENT OR BOX NUMBER

10	BIRTHDATE				
		DAY	MONTH	YEAR	

BIRTHDATE

DAY MONTH YEAR

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STREET ADDRESS

11	GENDER	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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GENDER

Male

Female

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TOWN/CITY

12	MARITAL STATUS:	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	MARRIED
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MARITAL STATUS:

SINGLE

MARRIED

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PROVINCE

POSTAL CODE

TELEPHONE

04	HAVE YOU LIVED IN ALBERTA ALL YOUR LIFE?																		
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HAVE YOU LIVED IN ALBERTA ALL YOUR LIFE?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, but since	Month	Year

DO YOUR PARENTS RESIDE IN ALBERTA? YES NO

14	CITIZENSHIP: (Visa students are not eligible)
<input type="checkbox"/>	CANADIAN CITIZEN
<input type="checkbox"/>	PERMANENT RESIDENT (Landed Immigrant) Attach a copy of your Canadian Immigration Long Form

Email address:

If you have answered "no" to both of the above questions, please attach a separate sheet detailing any time you spent in Alberta outside of school or other residency considerations.

EDUCATION INFORMATION

Previous Academic Year

Name of Institution

Program Name

Faculty (School)

Program Length

Year of program you were enrolled in:

<input type="checkbox"/>	1ST	<input type="checkbox"/>	2ND	<input type="checkbox"/>	3RD	<input type="checkbox"/>	4TH
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Start Date: Day / Month / Year

End Date: Day / Month / Year

OFFICE USE ONLY

29	04		10		11	8	8	8	13			14			18	1	2
GRANT		TOTAL AWD	INSTIT		PGM	MO.	YR.		MO.	YR.		ORIG	ADD				
DISBURSEMENT		MO.	YR.	SFB AUTHORIZATION				E	APP KEY				AWARD KEY				

EDUCATION INFORMATION (Cont)

Current Academic Year

_____ Name of Institution	_____ Program Name	_____ Faculty (School)
_____ Program Length	Year of Program you are enrolled in: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Other _____ Specify	
_____ Start Date: Day / Month / Year	_____ End Date: Day / Month / Year	

DECLARATION OF APPLICANT

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS, AND DECLARE THAT:

- all information provided is true and complete and I understand it is subject to audit;
- I will be a full-time student at the institution named for the period stated;
- I will immediately notify Alberta Scholarship Programs in writing if I withdraw from full-time studies before completing one semester of studies.

I UNDERSTAND AND AGREE THAT:

- my personal information pertaining to my post-secondary academic record may be released and exchanged by and between Alberta Scholarship Programs and the educational institution for the purpose of determining my eligibility for a scholarship;
- my personal information pertaining to my post-secondary academic enrolment status may be released and exchanged by and between Alberta Scholarship Programs and the educational institution for the purpose of determining my eligibility for a scholarship;
- my personal information may be released and exchanged by and between Alberta Learning and any provincial government departments, boards or institutions to verify the information I have provided to Alberta Learning, and for the use in research and statistical analysis in program evaluation.

I authorize Alberta Learning to release my name, address and award value if I receive a scholarship.

Signature (in ink)

Today's Date (in ink)

INSTITUTION USE ONLY

DO NOT WRITE BELOW THIS LINE

Nominated by: _____

Name of Institution

Name of Official (Please Print)