



SCHOLARSHIP COMMITMENT FORM

School name: _____

Contact name: _____ Phone: _____

School contact email: _____

Scholarship awards presentation

Date and time: _____

Location: _____

The Access Communications Co-operative Limited *Centennial Scholarship* provides an opportunity for us to give back to the communities we are privileged to serve. High schools select recipients who are graduating students, based on their commitment to community involvement and academic achievement. The recipient must also be a Saskatchewan resident and must be pursuing post-secondary education.

Scholarship Recipient (Student portion) - Please print clearly

Full name of scholarship recipient: _____

Mailing address: _____ Phone: _____

City: _____ Prov: _____ Postal code: _____

Social Insurance Number: _____ Birth date: _____

I authorize Access Communications to collect and use my personal information for the purpose of administering the Centennial Scholarship as required by law in order to comply with required taxation reporting.

Acceptance of the Access Communications Centennial Scholarship constitutes permission for Access Communications to use my name and likeness for advertising and promotional purposes without additional compensation unless prohibited by law.

Signature of scholarship recipient or
Parent or Legal Guardian (if recipient is under age 18)

Date

Please e-mail grad or yearbook photo *and* completed form to: scholarship@myaccess.coop by May 1, 2015.
For more information contact Beth Drozda at the email above or 306 565-5343 or 1-866-211-6334 ext 5343