



# SCHOLARSHIP COMMITMENT FORM

School name \_\_\_\_\_

School 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** *(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 Date  
Parent or Legal Guardian (if recipient is under age 18)

Please e-mail grad or yearbook photo *and* completed form to: [scholarship@myaccess.coop](mailto:scholarship@myaccess.coop) by May 1, 2016. For more information contact Beth Drozda at the e-mail above or 306 565-5343 or 1-866-211-6334 ext 5343.

For Scholarship Checklist Form, please turn over