



EDMONTON CATHOLIC SCHOOLS

FRANK SCHNEIDER EDUCATION TRUST FUND

APPLICATION FORM

NAME: _____

HOME ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____

SCHOOL: _____

Name of parent(s) or guardian(s) - **Must be an ECSD employee/trustee**

NAME: _____ ECSD Position: _____

Please write a short explanation regarding:

- a. Your career goals and plans for the next academic year:

- b. Your intended use of the Frank Schneider Education Trust Fund:

Signature of Applicant: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL MARKS TO DATE WITH THIS APPLICATION FORM.