

Section 1: Applicant Information						
Full Name:						
Date of Birth (YYYY-MM-DD):						
Mailing Address:						
Сіty: Рг	ovince:	Postal Code:				
Phone Number:						
Email Address:						
Are you currently a resident of Ed	dson?					
Are you currently enrolled in or a ☐ Yes ☐ No If yes, please specify the school and documents:				from, and att	ach your graduating	;
Section 2: Educational Pathway						
Which type of program are you e	entering in 2025?					
□ Recognized Trade/Apprentices		t and Dality	1			
Traditional Post-Secondary Pro	gram (College, Un	liversity, Polytec	nnic)			
Name of Institution/Training Pro	vider:					
Program Name:						
Start Date:	Expected	Completion Da	te:			
Institution Contact Email for Pay	ment Processing (if known):				

Section 3: Experience & Involvement

Please list any extracurricular activities (clubs, sports, etc.) in the past 3 years:

Please list any volunteer experience in the past 3 years (include organization and role):

Please list any employment/work experience in the past 3 years:

Section 4: Personal Essay

Please attach a short essay (300–500 words) addressing the following:

"How would receiving this bursary make a meaningful difference in your educational journey or career goals? And do

you plan on returning to Edson to work after you've completed your education, if so, in what field or what company?"

(Please attach essay as a separate document)

Section 5: Declaration

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that if I am selected, the bursary will be paid directly to the institution or trade provider listed above. I give permission for the Town of Edson and their partners, the Town of Drayton Valley and University of Alberta, to verify any information provided and to publicly acknowledge my name and program if I am selected.

Applicant Signature:	Date:					
If applicant is under 18: Parent/Guardian Name:	:	Phone Number:				
Signature:	Date:					
Submit Completed Applications to:						
Edson Town Hall 605 50 th Street – Economic Deve	elopment Department	or via email: growth.services@draytonvalley.ca				
Subject line: Edson TAB Application – [Your Name]						
You will be contacted within four (4) weeks regarding the status of your application.						

Internal	Use:	Date	received:
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