



Merit National Post-Secondary Scholarship

Application

The Merit National Scholarship provides assistance to children of Merit member employees pursuing post-secondary education, including apprenticeship technical training. This scholarship can be awarded to post-secondary students in any year of their current program, with a maximum of one application per student during their schooling. While this scholarship is not necessarily given out based on academic standing, there are a limited number of spots and Merit reserves the right to reject applications based on the number of applications we receive. The total sum awarded per person for the scholarship will be \$1,500. The scholarship applies to any accredited post-secondary institution.

Criteria:

- 1) Student **must** be under 25 years of age at the March 31, 2022 deadline.
- 2) Student **must** be listed as the dependent child of an employee participating in the Merit salaried or hour bank plan.
- 3) Parent/Guardian **must be** in benefit at the time of application. If you require further clarification as to your benefit status, please contact Merit Benefits (formerly known as Mercon Benefit Services) at 1.877.263.7266.

To apply:

Submit the following by March 31, 2022, to Merit National:

- 1) The completed and signed application
- 2) Acceptance letter from institution including student ID number (can be a photocopy)
- 3) Verification of enrolment document

**** Incomplete applications will not be considered.**

Please mail (or drop off) to:

Merit National
103 - 13025 St. Albert Trail
Edmonton, Alberta T5L 4H5
Phone: 780-455-5999



Merit National Post-Secondary Scholarship

Student Information: (Please TYPE or PRINT)

Name: _____
Surname First Name(s)

Address: _____

City: _____ PC: _____

Phone: (____) _____ Email: _____

Birthdate: _____ (mm/dd/yyyy) S.I.N. _____

Note: For tax purposes you must include a S.I.N. number for this application to be complete.

Student Education:

Name of school attended previous year: _____ Years attended: _____

Post-secondary educational institution attending: _____

Program of study: _____ Student I.D. Number: _____

Address of Institution: _____

(City) (Province) (Postal Code)

Parent Information: (Please TYPE or PRINT)

Name: _____
Surname First Name(s)

Company Name: _____

Merit/Merit Benefit I.D Number: _____
(10 digit number located on Prescription Drug Card (e.g 090000**** or 0000*****))

Signature of parent: _____ Date: _____

Checklist

✓ Completed Application Form	✓ Acceptance letter from Institution enclosed
✓ Verification of enrolment document	

Date of application

Signature of applicant (student)