

APPLICATION FOR BURSARY

1. Name: _____ Soc In.No.: _____

2. Parent(s) Name(s):

3. Present Address:

Postal Code: _____

Telephone No. _____

Home Address (if different from above)

Postal Code: _____

Telephone No. _____

4. Educational History:

(a) Secondary School

Name and address of high school: _____

(b) Proposed Studies

Institution: _____

Program: _____

Location: _____

Year of Program: _____

5. References:

(a) Principal/Professor: (name) _____

Address: _____ Phone No. : _____

(b) Teacher/Instructor: (name) _____

Address: _____ Phone No.: _____

(c) Character or Work Reference: (name) _____

Address: _____ Phone No.: _____

6. Declaration:

I hereby make application for Bursary in Memory of Pauline A. Landry, and I declare:

That I will enroll with the appropriate education institution.

Payment following confirmation of attendance.

Signature of Applicant

Date