

BURSARY APPLICATION

Attention applicants: Before filling out this application form, please make sure you have received, read carefully and followed the "Regulations and Information" Sheet, which should be attached to this application form. Please contact us if you did not receive the above-mentioned sheet.

| SECTION I | Student Information | | |
|-----------------------|-----------------------------|---------------------|----------|
| FULL NAME: | | | |
| HOME ADDRESS: | | | |
| PHONE NO: (|) | | |
| YOUR MAILING A | DDRESS IF NOT LIVING AT HO! | ME WHILE AT SCHOOL: | |
| S.I.N. #: | STL | JDENT I.D. # | |
| DATE OF BIRTH:_ | Date | Month | Year |
| SECTION II | College/University Info | rmation | |
| NAME OF SCHOO | L: | | |
| CAMPUS: _ | | | |
| ADDRESS: _ | | | |
| PHONE: | | | |
| WHAT YEAR WILL | YOU BE IN? 1st2nd | _3rd 4th | |
| WAS A PREVIOUS | BURSARY APPLIED FOR? YES _ | NO | |
| WHAT YEAR(s) DI | D YOU APPLY? | | |
| WHAT YFAR (s) W | FRE YOU SUCCESSEUL? | | |

FAMILY TAXABLE INCOME: MOTHER'S OCCUPATION: FATHER'S OCCUPATION: PLEASE SHOW COPY OF REVENUE CANADA TAX ASSESSMENT FOR PREVIUS YEAR. THIS IS TO DETERMINE FAMILY TAXABLE INCOME. WERE YOU SUCCESSFUL IN APPLYING FOR A STUDENT LOAN/GRANT? YES NO IF YES WHAT AMOUNT? \$ SECTION IV Military Service Information Please check one: FULL NAME: _____ PARENT __ GRANDPARENT __ GREAT-GRANDPARENT __ SERVICE #: WWI _____ ENLISTMENT DATE: DICHARGE DATE: _____ WWII KOREA _____ REGULAR (Check above as applicable) IS VETERANS ASSISTANCE OR DISABILITY PENSION INVOLVED? YES NO IF YES, STATE NATURE OF DISABILITY AND AMOUNT RECEIVED Interviewer Comments (Please write on back of this page.) SECTION V INTERVIEW CONDUCTED BY: _____ OFFICE HELD AT BRANCH: _____ BRANCH NUMBER: _____CITY/TOWN: _____ DATE OF INTERVIEW_____ SIGNATURE OF INTERVIEWER:_____ SIGNATURE OF APPLICANT THAT ALL INFORMATION IS CORRECT.

Financial Information – To be completed at Branch Interview

SECTION III

RETURN THIS FORM TO THE SPONSORING BRANCH