

BURSARY APPLICATION FORM (CHILD OF EMPLOYEE)

Applicant's Name: _____

Employee Name and Co-op Number: _____

Phone Number: _____

Home Mailing Address: _____

Name of High School and Graduation Date: _____

Name and location (city) of post-secondary institution: _____

Name of Post-secondary Program: _____

Summarize your involvement in high school activities, committees and sports that are done voluntarily, not required by the school:

List extra-curricular activities, community involvement, or volunteer work outside of school that you have been involved in voluntarily:

Please describe your plans for financing your secondary educational costs:
