

BURSARY APPLICATION FORM (EMPLOYEE)

EMPLOYEE INFORMATION

Employee Name: _____

Employee or Family's 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:

Please list 3 ways the Humboldt Co-op could better serve the youth of our community and encourage their involvement in our co-op?

Please attach a copy of your high school transcript, return by May 15 of your graduating year to your manager or HR.

Humboldt Co-op, Box 1180, HUMBOLDT, SK, S0K 2A0

<u>HR Use Only</u>	
Date Received:	<hr/>
Processing Date:	<hr/>
Authorized by:	<hr/>
GL Code:	<hr/>