

STUDENT BURSARY APPLICATION

(Form 1)

To be completed by **Student** and signed by **Parent/Guardian**.

PLEASE NOTE:

Your application **will not** be processed if:

1. The community school offers sufficient credits to enable your child to graduate having completed the minimum graduation requirements, or
2. If you neglect to attach a copy of school marks.

1. Name: _____ **MCP#:** _____
(Surname) (Given Name and Initial)

2. Name of Community: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address:

Street: _____ P. O. Box: _____ Community: _____

Postal Code: _____ Tel. #: _____

3. Last Grade Completed: _____ (ATTACH A COPY OF SCHOOL MARKS VERIFIED BY PRINCIPAL OR DIRECTOR)

School and Community Where Last Grade Completed:

4. Indicate the number of bursaries received when you were in each grade listed below:

9 _____ 10 _____ 11 _____ 12 _____ **Total:** _____

5. If you received a Bursary last school year, give the name of the school attended.

School: _____ Community: _____

6. School you wish to attend on Bursary: _____

DATE

SIGNATURE (PARENT/GUARDIAN)

PLEASE FORWARD TO YOUR PRESENT SCHOOL DISTRICT DIRECTOR