

LOCAL SCHOLARSHIP APPLICATION



Date: _____

All information given on this form is confidential and will be viewed by the scholarship selection committee only.

Name: _____

Address: _____

Post secondary institute that you will be attending: _____

Address: _____

Program you plan to take: _____

Have you received other scholarships or bursaries? YES NO

If yes, provide details:

Scholarship: _____

Bursary: _____

Have you applied for a student loan? YES NO

Are there any special costs over and above tuition and accommodations? YES NO

If yes explain: _____

Name of Parent(s): _____

Place(s) of Employment: _____

What is approximate annual total income of parent(s)? _____

Number of brothers and sisters in the family? _____ Brothers _____ Sisters

Brothers or Sisters attending University or other post-secondary institution: _____
