CHEMAINUS SECONDARY SCHOOL #\_\_\_\_\_

BURSARY/SCHOLARSHIP APPLICATION 2020-21

A. 1. Award applied for:

1. Applicant’s Name

(Surname) (Given Names)

3. Postal Address Postal Code

4. Date of Birth Phone Number

5. Name of Mother Occupation

6. Name of Father Occupation

1. Number of dependent children in family
2. Any special family circumstances

9. Post-Secondary Program

Ultimate ambition

College/University

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1. **PROPOSED ANNUAL BUDGET**

**Expenses: Income:**

Tuition & Activity Fees Savings Account

Text & Supplies Parent Contribution

Accommodation Anticipated Earnings

Transportation

Clothing & Personal Needs

Miscellaneous Expense

**Total Expenses: Total Income:**

**Expenses – Income = Need**

1. Please attach a copy of your resume.
2. Please attach a copy of your transcript of marks.
3. Please fill in only if applicable:

Coastal Community Credit Union Member

Ladysmith Credit Union Member

Veteran or Legion Affiliation Member

C.U.P.E. Union Affiliation Member

Eagles Affiliation Member

Chemainus Seniors Affiliation Member

1. Reasons for applying for this award: (Please be specific)

1. Applicant’s Declaration:

I hereby declare that the information given in answer to all questions is true and complete in all aspects.

Applicant’s Signature Date