

BURSARY/SCHOLARSHIP APPLICATION 2025-2026

- A. 1. Award applied for: _____
2. 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 _____
7. Number of dependent children in family _____
8. Any special family circumstances _____
9. Post-Secondary Program _____
- Ultimate ambition _____
- College/University _____
-

B. 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 _____

- C. Please attach a copy of your resume.
- D. Please attach a copy of your transcript of marks.

E. Member Numbers: *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	_____

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

G. 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