

BISHOPS' HIGH SCHOOL ALUMNI BURSARY AWARD

APPLICATION FORM

* Complete all items, as failure to do so may result in disqualification.

* Completed applications must be submitted prior to deadline to be considered.

Applicant's information:

Name: _____

Address: _____

City/Town _____ Province _____ Postal Code _____
Phone Number: () _____ Date of Birth: _____

Last year in High School: _____

(Attach copy of High School Records)

Name of High School: _____

Post Secondary Institution
to which acceptance gained _____:

Program of Study: _____ Length of Program _____

Volunteer Experience: _____
Year(s) Name of Institution

Responsibilities

() **Bursary #1** (Children, grandchildren, legal ward of BHS Alumni in good standing)

Name of BHS Alumnus: _____ Relationship: _____
Include maiden name in ()

() **Bursary # 2** (Children nominated by BHS Alumnus or 'Friends of BHS Alumni Association')

Name of 'BHS Friend': _____

Sponsor: _____
(BHS Alumnus in good standing)

Date & Year of Application: _____