Whitecourt Community Justice Committee HIGHER EDUCATION BURSARY APPLICATION FORM

This bursary is available to Canadian citizens, resident in the town of Whitecourt or Woodlands County. It is intended to assist students to finance attendance at secondary institutions in Alberta. Consideration will be given to attendance at institutions elsewhere only if the course is unavailable within this province.

The award is made by the Whitecourt Community Justice Committee, whose decision is final. The decision will be based on academic standing, involvement in school, church, or community at large. Two letters of reference (1) principal or Guidance Counselor (2) business person or a non-related citizen character reference and on the back of this form, a short description of your future plans and why you would benefit from the scholarship.

Applications must be filed with Leo Breitkreuz, Whitecourt Community Justice Committee, Box 2114, Whitecourt Alberta T7S 1P8, no later than June 30 of the current year, to be considered for the following academic year. Applications must be accompanied by a current High School Transcript or the current record of marks. Those who are advised that their application is being held for further consideration are responsible for providing a Certificate of Admission from the education institution they wish to attend.

Receipt of this application will not be acknowledged, but each applicant will be advised if his/her application is in the group for final selection

PLEASE PRINT			
Name			
NameSurname		Full Given Names	
Address			
City	Province	Postal Code	
Phone		Married (Yes)(No)	Single (Yes)(No)
MAIL SENT TO YOU DURIN PLEASE ARRANGE FOR SO	MEONE TO OP	EN OR FORWARD YO	OUR MAIL.
Date of Birth	Place	of Birth	
Years of residency in Alberta			
Name of high school attended			
Location			
Institution to be attended			
Location			
Engaltra			

Where do you plan to reside? Home() Other	er	
Student's estimated income for the year	\$	
Student's estimated expenditures for the year	ar \$	
Reason for making this application:		
Do you qualify for any other grant or schola	arship? Yes () Amount \$ No ()	
If so, which?		
I hereby certify that the answers given to the	e forgoing questions are complete and true in every respect.	
Date: Place:		
Printed name of Applicant	t	
Signature of Applicant		