



Rural Municipality of Lac du Bonnet Bursary Application 'B'

Name

First Name Last Name

Phone Number

Area Code Phone Number

Cell Phone Number

Area Code Phone Number

Email

example@example.com

Address

Street Address

Street Address Line 2

City Province

Postal Code

Are you a resident of the Rural Municipality of Lac du Bonnet?

YES

NO

Age

High school graduation year:

Name of high school

Name of post-secondary institutions to which you have been accepted:

Name of program accepted to:

Have you been offered any other bursary assistance?

Are you presently working in any way?

Bursary amount requested:

Your Finances (use a separate sheet if necessary)

Please list your student costs for the following (estimate if you are unsure): tuition fees, accommodations while attending the institution, travel to and from the institution, course materials, (books, etc.) personal living expenses, (food, clothing, etc.) communication, recreation, and other (please specify.)

Please list the financial resources you have access to and the amounts, including annual income, scholarships and bursaries from other sources, grants, loans, parental/partner support, and other (please specify.)

If your answer to the above was “no”, what kinds of support do you expect to get from your parents for your post-secondary education? Explain with some detail.

Please list all other applications for any other sources of assistance you have applied for. Please include the amount.

Please provide a transcript of your high school grade records.

References

Please provide two references to support your bursary application.

One reference must be from a teacher, counsellor, vice principal, or principal of your present school. Please indicate for each reference what the nature of your relationship is to this person.

Reference 1:

Name

First Name

Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Email

Area Code

Phone Number

example@example.com

Your relationship to this person:

Letter of reference attached?

YES

NO

Reference 2:

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

Phone Number

Email

Area Code

Phone Number

example@example.com

Your background and interests:

Describe your educational goals:

What are your future career goals?

Why did you choose the field of post-secondary study you are going to pursue?

What are your interests and hobbies outside of your post-secondary education field? (Examples: hobbies, sports, activities.)

Are you involved in any type of volunteer work at your school or in the community? If so, please describe.

Please provide a narrative on why you believe you are worthy to be considered for this bursary:

Please provide any additional information that would support your application.

Signatures and Conditions

Signature

Date

Maximum bursary amount \$3000.00 may be divided among applicants based on relevance, need, and the availability of funds.

Students seeking funding must submit an application to the Municipality prior to May 31st of each year. Late applications will not be accepted as outlined in the Municipal Grants Program Guidelines.

The grant application process and evaluating criteria shall be followed in accordance with the Municipal Grants Program Guidelines.

Any funds distributed to a student are paid directly to the post-secondary education center approved in the application. The student must provide proof of acceptance and student number for payment.