

Rural Municipality of Canwood No. 494

COUNCIL BURSARY

\$1,000.00

Application Form

GENERAL INFORMATION

Name: _____ Date of Birth: _____
First and Last Name Month/Day/Year

Address: _____
Mailing Address, Village/Town/City, Postal Code

Phone Number(s): _____

Name of Parent or Guardian: _____
First and Last Name

REFERENCES

Please list the reference you will be using, and attach his/her letter to this application.

Name: _____
First and Last Name

Address: _____
Mailing address, Village/Town/City, Postal Code

Phone Number(s): _____
Home and Work

DECLARATION OF APPLICANT

I declare that all information contained in this application is true and correct, and the report submitted is my own work and has not been copied in whole or in part from any other source. I give my permission to use some or all of the information contained in my report, application, or any supporting documents, for promotional purposes and award announcements for this bursary.

Signature of Applicant

Date