

# 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