

**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 by the deadline, July 31 to be considered.

**Applicant's information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone Number: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last year in High School: \_\_\_\_\_

(Attach copy of High School Records)

Name of High School: \_\_\_\_\_

Post-Secondary Institution where accepted: \_\_\_\_\_

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 Alumni or Friends of BHS Alumni Association')

Name of '**BHS Friend**': \_\_\_\_\_

Sponsor: \_\_\_\_\_  
(BHS Alumnus in good standing)

Date & Year of Application: \_\_\_\_\_