

COCHRANE ACTIVETTES BURSARY **APPLICATION FORM**

****PRINT CLEARLY or ATTACH PRINTED COPY****

Name: _____
(Surname) (Full Given Names)

Address: _____
(Street Address)

(Town/City) (Province)

(Postal Code) (Contact Phone Number)

Email address: _____

Graduate of which Cochrane high school: _____

Post-Secondary Institution you will be attending:
(Attach a copy of your **conditional letter of acceptance** to be considered)

Name of Institution _____

Program _____

Area of Study _____

Financial need: Outline how you will be financing your education, to best of your knowledge, **in detail**.

Career goals:

Employment history:

Volunteering in the **Cochrane** community:

_____ please ensure that you include copies of **TWO reference letters** (character and/or employment).

_____ please ensure that you include a copy of your **conditional acceptance letter** from the technical school you will be attending

Applicant's Signature

Date of Application

_____ year/month/day
Applicant's Birth Date