

COCHRANE ACTIVETTES BURSARY **APPLICATION FORM**

PLEASE READ CRITERIA CAREFULLY!!

FORM MUST BE TYPED & SENT by EMAIL (info@cochraneactivettes.com) BY JUNE 1

Full Name

Birth Date (year/month/day)

Citizenship/permanent residency

Mailing Address

Contact Phone Number

Email address(required)

Graduate of which Cochrane high school

Post-Secondary School you will be attending plus program & area of study.
(Attach a copy of your **conditional letter of acceptance**)

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

Volunteering in the **Cochrane** community (paragraph form): indicate where you volunteered, number of hours & contact person.

Employment history over the last four years (paragraph form): indicate place of employment, dates of employment & supervisor.

_____ 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 **post-secondary school** you will be attending

Applicant's Signature

Date of Application