



Application Form

Please do not forward the Application Guidelines with your Application Package. Be sure that the information you provide on the Application Form is up-to-date, accurate, and complete.

PERSONAL AND CONTACT INFORMATION				
Family Name	Given Name(s)	S.I.N. D.O.B. dd/mm/yyyy / / M <input type="checkbox"/> F <input type="checkbox"/>		
Address while in School:				
Box Number/Street Address	City	Province/Territory	Postal Code	Telephone
Permanent/Home Mailing Address				
Box Number/Street Address	City	Province/Territory	Postal Code	Telephone
Address you would like us to use: <input type="checkbox"/> School <input type="checkbox"/> Permanent		E-mail Address		
EDUCATION				
Identify institution you plan to attend?		Admission confirmed? <input type="checkbox"/> yes <input type="checkbox"/> no	What year of study are you entering? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Length of program (in years)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Degree/Diploma at graduation?	Year you will complete your program?	
Start Date (dd/mm/yy)	Finish Date for this year?	What job/career/occupation do you hope to have when you graduate?		
List the last school, college, or university that you have attended.				
From (dd/mm/yy)	To (dd/mm/yy)	Name of Institution	Program	Degree/Diploma Granted
Presently attending (Educational Facility including Trades Red Seal Programs)			Program of Study for which you have been accepted	
Official Academic/ Professional Transcript Mandatory				

WESTSHORE COMMUNITY FOUNDATION INC.

SCHOLARSHIP & BURSARY FUND

INVOLVEMENT			
Write a letter that describes the following:			
<ol style="list-style-type: none"> 1. Your educational and future goals. 2. Your community, volunteer and student activities. 3. Why you think you should receive this bursary/scholarship 4. Financial hardships you would experience by pursuing post secondary education / training. 			
DETERMINING FINANCIAL NEED - BUDGET			
Residency While in School (check all that apply)			
<input type="checkbox"/> On my own <input type="checkbox"/> With my parent(s) <input type="checkbox"/> Student residence <input type="checkbox"/> Subsidized housing <input type="checkbox"/> With roommate(s) <input type="checkbox"/> With spouse or common law partner <input type="checkbox"/> Single with children <input type="checkbox"/> In Manitoba <input type="checkbox"/> Out of Province			
Employment			
• Currently Working: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Occasionally <input type="checkbox"/> Not Working • Total Summer Earnings _____ • While in school, I will work part time. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
What other Scholarships/bursaries have you received?			
Name of award	Amount	Confirmed	
Government and/or Financial Institutions Assistance			
• Have you applied or do you plan to apply for assistance for the upcoming school year? <input type="checkbox"/> Yes <input type="checkbox"/> No , explain _____ • If you have applied for assistance, has your application been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No , explain _____			
Financial Requirements			
Income	Expenses	Difference	Requested amount of bursary assistance. _____
Prior Student Loan(s)			
Do you have a prior student loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			
What is the total amount of all government student loans that you have outstanding? _____			
DECLARATION and CONSENT			
• I Have read and fully understand the guidelines that govern the application and selection process, and I have provided answers to all questions which apply to me.			
• I certify that all information contained on this form is truthful. I understand that any false statements intentionally given on this application, by email, or telephone will disqualify my application and will affect my ability to access future funding.			
• I hereby give consent for WCF to use/publish my name and relevant information on WCF's website, in WCF's brochure, in the local newspaper, or in our donor communication for promotion and marketing,			
• I will endeavour to attend the Award Ceremony if selected.			

Applicant's Signature _____

Date: _____