



## 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)		D.O.B. dd/mm/yyyy      M      F /   /		
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)? 1      2      3      4      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 any recognized Post-Secondary Education Program. (i.e. includes Universities, Colleges, Trades Facilities)			Program of Study for which you have been accepted		
<b>Most Current <i>Official Academic/ Professional</i> Transcript is Mandatory</b>					

# WESTSHORE COMMUNITY FOUNDATION INC.

## SCHOLARSHIP & BURSARY FUND

INVOLVEMENT			
Write a letter that describes the following:			
1. Your educational and future goals. 2. Your community, volunteer and student activities. 3. Why you think you should receive this bursary/scholarship			
DETERMINING FINANCIAL NEED - BUDGET			
<b>Residency While in School (check all that apply)</b>			
<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			
<b>Employment</b>			
• Currently Working: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Occasionally <input type="checkbox"/> Not Working • While in school, I will work part time. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
<b>What other Scholarships/bursaries have you applied for and/or received for the upcoming academic year?</b>			
Name of award	Amount	Confirmed	
<b>Government and/or Financial Institutions Assistance</b>			
• 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 _____			
<b>Financial Requirements</b>			
Tuition & Registration Cost	Board and Room (living)	Travel and other subsidiary costs	
<b>Prior Student Loan(s)</b>			
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 and financial institution 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: \_\_\_\_\_