

Post-Secondary Bursary Application Form

Persor	nal Information:		
Full Name:		Date of Birth:	
Address:		City, Province, Postal Code:	
Phone Number: E		Email Address:	
How long have you lived, or did you live in Grandview, Mb?			
Educa	tional Information:		
Current Institution:			
Program of Study:			Year of Study:
Expected Graduation Date:			
Financial Information:			
Annual Income: Number of			er of Dependents:
Other Financial Assistance Received (i.e. other bursaries or student loans):			
	ited Education Expenses (per year):ion Allocation:		
Successful applicants of this bursary will select a local Grandview group of their choice to receive the same amount of funds. Please indicate the local group you would select:			
Suppo	rting Documents:		
 Proof of Enrollment – must be second year or later post secondary student. Application requirement: Please write a brief statement (300-500 words) detailing your financial need, career aspirations, where you see yourself living in five years, and how your experiences differ between living in a city and growing up in a rural area. Or, if you are enrolled in a local diploma course at Assiniboine College in Dauphin, please explain why you chose this path and what growing up in a rural community has taught you. 			
	ation: I declare that the information provide edge. I understand that any false informatio		on is true and accurate to the best of my e disqualification of my application or refund of
Signature:		Date:	