

BRACEBRIDGE AGRICULTURAL SOCIETY BURSARY APPLICATION FORM

*INFORMATION OUTLINED ON THIS APPLICATION IS CONFIDENTIAL. PLEASE PRINT.
IF YOU REQUIRE ADDITIONAL SPACE FOR RESPONSE, USE BACK OF FORM.*

NAME:

ADDRESS:

POSTAL CODE:

TELEPHONE:

NAME OF COLLEGE OR UNIVERSITY:

SELECTED FULL TIME COURSE OR PROGRAM:

DURATION OF COURSE (Years):

CURRENT YEAR (e.g., First, Second, Final):

COURSE TUITION FEES:

ESTIMATE OF ANNUAL EDUCATION COSTS:

HOW MUCH ARE YOU ABLE TO CONTRIBUTE TO THIS AMOUNT?

**EXPLAIN WHY YOU CHOSE THIS PARTICULAR COURSE OF STUDY AND HOW
THIS COURSE APPLIES TO YOUR FIELD OF ENDEAVOUR:**

**WHY ARE YOU ASKING THE BRACEBRIDGE AGRICULTURAL SOCIETY TO
SUPPORT YOUR APPLICATION FOR A BURSARY?**

IF YOU ARE APPROVED TO RECEIVE A BURSARY, IN WHAT WAY DO YOU INTEND TO USE THIS FINANCIAL SUPPORT? PLEASE EXPLAIN:

Have you applied for an OSAP grant/loan? **Yes** **No**
If not, please explain:

Have you applied for other scholarships or bursaries? **Yes** **No**
If yes, please specify:

ANY OTHER INFORMATION OR SPECIAL CIRCUMSTANCES YOU WISH THE SOCIETY TO BE AWARE OF IN CONSIDERATION OF YOUR BURSARY APPLICATION?

Signature of Applicant	Date:
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If under 18

Signature of Parent/Guardian:	Date:
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