

GORDON ANDERSON MEMORIAL BURSARY

APPLICATION DEADLINE: May 24, 2019						
PERSONAL INFORMATION						
FULL NAME:						
STREET ADDRESS:						
CITY:	PROVINCE:					
POSTAL CODE:	PHONE:					
EMAIL ADDRESS:						
CURRENT SCHOOL:						
FATHER'S NAME:						
ADDRESS:						
OCCUPATION:						
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MOTHER'S NAME:						
ADDRESS:						
OCCUPATION:						

EMPLOYMENT HIS	STORY:			
POST SECONDAR	RY CAREER PL	ANS	THE ST ST ST SEE SEE SEE ST ST ST ST ST SEE SEE	
Anticipated Field of	f Study:			
Institution planning to attend:				
Long-term educational goals:				
STUDENT RESOU	IRCES:			
Savings POST SECONDAR	Summer Income	Anticipated Scholarships	Financial Assistance from Parents	TOTAL
Tuition	Books	Room & Board	Other	TOTAL
	DOOKS	Noom & Board		TOTAL
Please provide any information which in the Bursary Commit determining your finneed.	nay assist ittee in			
permanent residen	t of B.C. If I rec selected, I give _I	ined in this application is eive a bursary, it will be u permission for my name ed.	used for the costs as	sociated with my
Applicant`s Signatu	ıre			
Parent's Signature]
Date:]