



Caven Hall Bursary Re-Application

Year 2 Year 3 Year 4

Name of Applicant: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Birthdate: _____

Graduation Date from Elmira District Secondary School: Year: ____

List post-secondary school, program name and year completed as of May 1st of this year:

School Name:	Program Name:	Year of Study completed as of May 1st

Applicant Question:

Tell us about a course, activity or accomplishment that occurred this past year, which has helped you identify or refine how you want to contribute to your community after you graduate, either through your chosen career or your interests. (Maximum 200 words)

Applicant Signature: _____

Date: _____

Applicant Checklist:

Please ensure that the following documents are submitted to the E.D.S.S. Guidance Department by the Bursary due date.

- ___ Application Form
- ___ O.S.A.P. estimator printout or screenshot
- ___ Student Budget
- ___ Resume