APPLICATION FOR W.O.A.A. "DON GRAVETT MEMORIAL" BURSARY

1. Applicant's Name _____ Date _____

2. Street Address _____ P.O. Box _____

3. City/Town _____ Postal Code _____ Telephone _____

4. Parent's/Guardian's Name _____

5. Parent's/Guardian's Address (if different than above) _____

6. City/Town _____ Postal Code _____ Telephone _____

7. Applicant's Place of Birth _____ Date _____ _____ _____
   YY MM DD

8. Course or Program _____

9. Name of University, College or School Attending: _____

10. Address: _____

11. Length of Training Period _____ Wks. _____ Mths. _____ Yrs.

12. Registered in ____ 1st ____ 2nd ____ 3rd ____ 4th Year

13. Identify the Diploma or Certificate you will receive upon successful completion of the program _____

14. Secondary School Graduation _____ _____
    School Date

15. Estimated Expenses for the School Year _____ Tuition _____ Books

16. Instruments or Tools (apprentices) _____

17. Residence/Room & Board _____ Transportation Costs _____

18. Is there additional information related to this application which you consider relevant?

    _____

    _____

19. What centre and in what capacity was your involvement with the W.O.A.A.?

    _____

    _____

    Specify period of time _____

_____ _____
Signature of Applicant Date

_____ _____
Signature of Parent/Guardian Date