

Kenora Lake of the Woods Lions Club

P.O. Box 638, Kenora, Ontario P9N 3X6

KENORA LAKE OF THE WOODS LIONS CLUB

BURSARY CRITERIA

- 1. First consideration will be given to students who have a relationship to a current member of the Kenora Lake of the Woods Lions Club, and/or are members of the Lions 645 Air Cadet Squadron.
- 2. Award is open to students planning to attend university, college, or trade/technical school programs.
- 3. A minimum of 75 percent average in the final year of studies is required.
- 4. Preference will be given to students who exceed the curriculum requirements of 40 hours of community service, as confirmed by the school.
- 5. A personal letter should be attached to the application stating the proposed education program and future goals, community activities, and any other relevant information they may wish to include for consideration.
- 6. A copy of the student's transcript or credit counselling summary would be beneficial.

*** The "For School Information Only" section remains the same as previously shown on previous forms.



KENORA LAKE OF THE WOODS LIONS CLUB BURSARY APPLICATION FORM

| STUDENT NAME | :Surname | | |
|------------------------|-------------------------------|--|--|
| | Surname | First Name | Initial |
| DATE OF BIRTH: | | AGE: | |
| ADDRESS: | | | |
| PARENT(S)/GUAR | RDIAN(S) | | |
| | EDIAN(S) | Mother/Guardian | Father/Guardian |
| | | | - Julian Gran |
| | Mother/Guardian | EMPLOYER | Viother/Guardian |
| OCCUPATION: | Father/Guardian | EMPLOYER | And the state of t |
| | Father/Guardian | | Father/Guardian |
| NO. OF SIBLINGS | NO. OF SIBLIN | NGS ATTENDING POST S | ECONDARY |
| GRADUATION DA | ГЕ: | AVERAGE LAST 2 SEM | ESTERS |
| INSTITUTION YOU | J PLAN TO ATTEND: | | |
| PROGRAM APPLII | ED FOR: | DEGREE OR DIPLOMA | |
| HAVE YOU BEEN (| OFFERED ANY ENTRANC | CE SCHOLARSHIPS? | YES NO. |
| DO YOU WORK PART TIME? | | HOURS PER WEE | EK |
| EMPLOYER | | | |
| , i nave attached | a personal letter and | ning my extracurricular rmation I choose that is rele | |
| | | | \$ FF |
| I agree to have Stu | idents' Services attach a cop | by of my transcript to my ap | plication form. |

Date

All applications/personal information will be destroyed following final selection.

Student signature