

Shane Butts Resiliency Bursary

APPLICATION FORM

AWARD: _____

STUDENT NAME: _____
Surname First Name Initial

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

PARENTS/GUARDIANS: _____
Surname Mother/Guardian Father/Guardian

OCCUPATION: _____ EMPLOYER: _____
Mother/Guardian Mother/Guardian

OCCUPATION: _____ EMPLOYER: _____
Father/Guardian Father/Guardian

WITH WHOM DO YOU LIVE: _____

NO. OF YOUNGER SIBLINGS: _____ NO. OF SIBLINGS ATTENDING POST-SECONDARY _____

ARE PARENTS SUPPORTING THE ABOVE? _____

GRADUATION DATE: _____

AVERAGE LAST TWO SEMESTERS _____

INSTITUTION YOU PLAN TO ATTEND _____

PROGRAM APPLIED FOR: _____

HAVE YOU BEEN OFFERED ANY ENTRANCE SCHOLARSHIPS? _____ YES _____ NO

IF YES, HOW MUCH? _____

DO YOU WORK PART TIME? _____ HRS/WEEK _____

WHERE? _____

I HAVE ATTACHED A PERSONAL LETTER OUTLINING MY SUITABILITY FOR THIS BURSARY.

I AGREE TO HAVE STUDENTS SERVICES ATTACH A TRANSCRIPT OF MY MARKS TO MY APPLICATION FORM.

I AGREE ALL INFORMATION TO BE CORRECT AND ACCURATE.

Student Signature: _____