

## **Kenora Sexual Assault Centre**

### **The Margaret Doreen Worden Memorial**

#### **Student Bursary**

#### **Eligibility:**

- The applicant will be successfully completing high school requirements in the Kenora area
- The applicant have need for financial assistance
- The applicant will be attending an approved college or university in Canada

#### **Application Checklist:**

- Application Form
- 1000 Words Essay
- Copy of Grades Transcript
- Declaration of Signature

Deadline for receipt of this application and all supporting documents is May 5, 2018,

Completed applications can be dropped off or mailed to:

Kenora Sexual Assault Centre  
201-136 Main Street South  
Kenora, ON  
P9N 1S9  
Attention : Bursary Committee

**SECTION 1 - PERSONAL INFORMATION:**

Applicant's Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Number of dependents and their relationship to you: \_\_\_\_\_

Do you have brothers/sisters who are financially dependent on your family?

No \_\_\_\_\_ Yes \_\_\_\_\_ Explain if "yes" \_\_\_\_\_

**SECTION 2 - EDUCATION**

Secondary School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

**Education Plan for the following school year:**

At what University/College have you been accepted?

\_\_\_\_\_

Faculty/Program \_\_\_\_\_ Degree/Diploma sought \_\_\_\_\_

Length of Program \_\_\_\_\_ years

**Career Plan upon Graduation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been offered any entrance scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \_\_\_\_\_

**SECTION 3 - DECLARATION BY APPLICANT**

I, \_\_\_\_\_ certify that the information provided in this application is true to the best of my knowledge.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date