

**Pauline A. Landry Bursary
Application**

Name: _____ Soc. Ins. #: _____

Parent(s) Name(s): _____

Present Address: _____ Phone Number: _____

Home Address (if different than above): _____

Email: _____

Education:

Secondary School Attended: _____

Address: _____ Phone Number: _____

Proposed Studies:

Institution: _____ Program: _____

Location: _____ Year of Program: _____

References:

Principal/Professor: _____ Email: _____

Address: _____ Phone Number: _____

Teacher/Instructor: _____ Email: _____

Address: _____ Phone Number: _____

Character/Work Reference _____ Email: _____

Address: _____ Phone Number: _____

Declaration:

I hereby make application for the Pauline A. Landry Bursary and I declare that I will enroll with the appropriate educational institution.

Payment following confirmation of attendance.

Signature of Applicant _____ Date: _____