

Fraternité des Trois Anneaux



Three Link Fraternity

Unity Lodge #8, IOOF

Bursary for Continuing Education

Which Bursary Are You Applying for:

- James Barton Memorial Award for Continuing Education (contact Unity Lodge before applying)
- Alexander Galt Regional High School Bursary (deadline September 1st)
- New Carlisle High School Bursary For Attending Champlain Regional College - Lennoxville Campus
- New Carlisle High School Bursary For Continuing Education in a Technical/Vocation Program
(New Carlisle deadline - June 11th)

NAME: _____

DATE: _____

HOME ADDRESS

ADDRESS WHILE AT SCHOOL

Street _____

 City & Province _____
 Postal Code _____
 Home Phone Number _____

Street _____

 City & Province _____
 Postal Code _____
 Phone Number while at School _____

Cell Phone Number _____

Email _____

Please include any other contact information that could make it easier for us should we need to contact you

The following documents must be included with your application:

- Completed application form
- Copy of your letter of acceptance (or proof of acceptance such as class schedule)
- Copy of your most recent MEQ Statement of Marks
- Copy of your Term 2 Sec. V Report

Please mail the completed application to the address below.

Unity Lodge #8, IOOF
P.O. Box 35003, 147 Queen St.,
Sherbrooke, QC, J1M 1J7

NAME: _____

DATE: _____

Living With:

Mother

Father

Both

Other

Mother's Name: _____

Occupation: _____

Father's Name: _____

Occupation: _____

Guardian's Name _____

List the names and ages of your brothers and sisters and the school they are attending:

| Name | Age | School |
|------|-----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

Record of your marks at School: (if available)

Level 1 _____ % Level 2 _____ % Level 3 _____ % Level 4 _____ % Level 5 _____ %

Average of all subjects on you most recent MEQ Statement of Marks: _____ %

Which College, University, Vocational School or Institution have you applied to:

**** include a copy of your letter of acceptance or other proof ****

Name: _____

Address: _____

Contact Information: _____

Describe the course of studies you have chosen and the numbers of years involved for completion:

NAME: _____

DATE: _____

Explain the reasons you have chosen this course of studies:

Anticipated expenses for the first year of your studies:

| | | | |
|-----------------------------|----------|--------------------------|----------|
| Application Fees | \$ _____ | Books | \$ _____ |
| Tuition Fees | \$ _____ | Equipment, Supplies, etc | \$ _____ |
| Accommodation | \$ _____ | Clothing | \$ _____ |
| Groceries / Food Plan | \$ _____ | Transportation | \$ _____ |
| Other expenses, please list | _____ | | |
| | _____ | | |

How do you plan to finance your expenses:

| | | | |
|---------------------------|----------|----------------------|----------|
| Summer Job Earnings | \$ _____ | Personal Savings | \$ _____ |
| Provincial Loan & Bursary | \$ _____ | Work while at School | \$ _____ |
| Parental Support | \$ _____ | Scholarships | \$ _____ |
| Awards | \$ _____ | | |
| Other, please list | _____ | | |
| | _____ | | |

Please include any other financial information you think we might need:

NAME: _____

DATE: _____

Please explain why you are applying for this bursary:

Please tell us why you should be considered for this bursary:

Please give any other information you would like us to consider:

Please Be Sure To Include:

- Completed application form
- Copy of your letter of acceptance (or proof of acceptance such as class schedule)
- Copy of your most recent MEQ Statement of Marks
- Copy of your Term 2 Sec. V Report

SIGNATURE: _____ DATE: _____

Mail Completed Application To: **Unity Lodge #8, IOOF**
 P.O. Box 35003, 147 Queen St.,
 Sherbrooke, QC, J1M 1J7

For information contact: unity8ioof@yahoo.ca

**** The application for Alexander Galt deadline is September 1st ****
**** The application for New Carlisle deadline is June 11th ****