

THE FRANCES TAYLOR MEMORIAL BURSARY

Application Form

This bursary is administered by the **QUEBEC WOMEN'S INSTITUTES** and is open to students who are Quebec residents and who are entering CEGEP, University, or Vocational school and are in financial need.

NAME: _____	
ADDRESS: _____	

(street, town, and postal code)	
Email: _____	Telephone No. _____

MOTHER'S NAME: _____ OCCUPATION: _____

MOTHER'S ADDRESS: _____

FATHER'S NAME: _____ OCCUPATION: _____

FATHER'S ADDRESS: _____

GUARDIAN'S NAME & ADDRESS IF DIFFERENT FROM MOTHER OR FATHER:

NAME OF SCHOOL YOU CURRENTLY ATTEND: _____

NUMBER OF SIBLINGS STILL ATTENDING ELEMENTARY _____ HIGH SCHOOL _____

CEGEP/UNIVERSITY _____

AVERAGE OF ALL SUBJECTS ON YOUR SEC. V MEQ STATEMENT OF MARKS _____

(Include a copy of your Secondary V MEQ Marks with your Application or your last Certificate from CEGEP/College)

INCLUDE A LETTER OF REFERENCE FROM A TEACHER, PRINCIPAL OR OTHER SCHOOL OFFICIAL.

WHICH CEGEP/COLLEGE/ UNIVERSITY OR VOCATIONAL SCHOOL HAVE YOU APPLIED TO ATTEND:
(Include a copy of your letter of acceptance.)

RETURN APPLICATION TO: Quebec Women's Institutes
Elizabeth Milroy, QWI President
1138 Halle,
Brigham, QC J2K 4G8

DESCRIBE THE COURSE OF STUDIES YOU PLAN TO FOLLOW, THE NUMBER OF YEARS INVOLVED FOR COMPLETION AS WELL AS WHY YOU HAVE CHOSEN THIS PROGRAM:

To qualify for this bursary, the following needs to be filled out not just tick marks.

ANTICIPATED EXPENSES OF THE INITIAL YEAR OF YOUR COURSE OF STUDY:

HOW DO YOU PLAN TO FINANCE YOUR ANTICIPATED EXPENSES:

APPLICATION FEES _____
REGISTRATION FEES _____
TUITION FEES _____
BOOKS, EQUIP, SUPPLIES ETC. _____
ACCOMMODATIONS _____
GROCERIES/FOOD PLAN _____
TRANSPORTATION _____
CLOTHING _____
OTHER _____
TOTAL: _____

SUMMER JOB EARNINGS _____
PERSONAL SAVINGS _____
PROVINCIAL LOAN & BURSARY _____
PARENTAL SUPPORT _____
SCHOLARSHIPS _____
AWARDS _____
OTHER _____
TOTAL: _____

BRIEFLY DESCRIBE YOUR REASONS (ACADEMIC, FINANCIAL, OTHER) FOR APPLYING & WHY DO YOU THINK YOU SHOULD BE CONSIDERED FOR THIS BURSARY.

DATE: _____

SIGNATURE: _____

APPLICATION DEADLINE: SEPT 1ST OF THE YEAR WHICH THE BURSARY IS APPLIED FOR
Can be emailed with **attachments** to: president@quebecwi.com
revised 2018