



Margaret Davies Bursary Fund Application

Student Information	
	Name
	Address
	Telephone
	Email
Social Insurance #	
Date of Birth	dd ____ mm ____ yyyy ____
Eligibility	Prev Crown Ward/Prev VYSA/RSG
Have you applied for OSAP	Yes ____ No ____
If No please explain	
Academic Information	
Name of School	
Student Number	
Applying for full-time bursary	Yes ____ No ____ Number of courses this term ____ Number of courses completed in previous years ____ N/A ____
Name of Program	
Type of Program	Certificate ____ Diploma ____ Degree ____ Graduate Certificate ____ Collaborative & Joint Degree ____ Co-op ____ Apprenticeship ____ Other ____
If other please explain	
	Length of program (in yrs.) ____ Applying for year (1 st , 2 nd , etc.) ____
Term you are applying for	Jan-Apr ____ Summer ____ Sept-Dec ____ Other ____
Required Documents	
	Acceptance letter (first semester) ____ Official Time Table (subsequent semesters) ____
	Thanks you letter, note or email (annually) ____ Copy of transcript(annually) ____
	Applicant's signed Declaration and Consent ____
To be completed by student's Social Worker if applicable	
Social Worker's Name	Ext.
Student's CPIN I.D.	
Does student have an RESP with KHCAS Yes ____ No ____	
Cheque to be payable to:	
Cheque delivered to:	
Social Worker/Resource Worker Signature:	Date: