

SISSON BROOK WOMEN'S INSTITUTE
BURSARY

Name of Applicant _____ Age: _____

Home Address _____

Postal Address _____

Description of Extra-curricular
Activities _____

Name of Institution: _____

Course selected: _____

Will you be receiving any other financial assistance, for example, student loan, bursary or scholarships? Yes or No (circle one)

Have you applied for others: Yes or No (circle one)

Name sources: _____

Please fill in below the names and addresses of three references. These might include one or two of your teachers, your clergyman or any other responsible person you know well. _____

Date: _____ Sign: _____

This bursary is for \$200.00 and will be awarded to a graduate of Tobique Valley High School who is planning to further his/her education. The basis of qualification are as follows:

1. Son/daughter of Member or resident of area (Two Brooks Bridge to Vincent Road)
2. Scholastic Standing
3. Financial Need
4. If none of the above are met, then the bursary will be open to other students.

Signed: _____
Sisson Brook Women's Institute President

Signed: _____
Sisson Brook Women's Institute Executive