

Harry Hockenhull Memorial Bursary (Value \$500.00)
Application for Scholarship – due **Friday, May 7th**.

Surname: _____	Given Names: _____
Address: _____	Town: _____
Phone: _____	Postal Code: _____

Father's Name: _____	Mother's Name: _____
Father's Place of Employment _____	Mother's Place of Employment _____

Please Indicate if your Father or Mother (or grandparent) is a member of the Legion? If yes, which branch did they serve and what is his or her service number ,

Name of member _____

Please specify Your Planned Program, Approximate Cost/Year, and # of years to Complete

University/Technical Course: _____ Approx. Cost/Year: _____ # of Years: _____

Awards or Honors Won: _____

Extra-Curricular Activities: _____

Please send the following information with.

- A Transcript of grade 11 and 12 marks.
- A character reference from a person well acquainted with you. Example, your minister, teacher, youth group leader, coach, etc.

Signature of Applicant: _____

Date: _____

Return this completed form to Mr. Wright in the Guidance Office by May 7th