Cowichan District Teachers' Association
Col. R.M. Lendrum Bursary – APPLICATION FORM

1. NAME_____
   Surname Given name

2. S.I.N._____

3. POSTAL ADDRESS_____

   CITY_____ POSTAL CODE_____

4. DATE OF BIRTH_____

5. NAME OF MOTHER_____Occupation_____

6. NAME OF FATHER_____Occupation_____

7. NAME OF TEACHER that is a relative to you and where they teach (or taught)

   _____

8. NUMBER OF OTHER DEPENDENT CHILDREN IN THE FAMILY_____

9. YEAR/MONTH OF GRADUATION_____

10. AMBITION_____

11. REASON FOR APPLYING FOR THIS AWARD_____

_____

_____

_____

_____

_____

_____

_____

_____

page two over.....

12. POST SECONDARY INSTITUTION you will enroll in next year:

_____

13. PROPOSED BUDGET:

Expenses:

Tuition & Activity Fees	$ _____	Savings Account	$_____
Textbooks and Supplies	$ _____	Parent Contribution	$ _____
Accommodation	$ _____	Anticipated earnings	$ _____
Food	$ _____		
Transportation	$ _____		
Clothing/Personal	$ _____		
Miscellaneous	$ _____		
TOTAL EXPENSES	$ _____	**TOTAL INCOME**	$ _____

EXPENSES MINUS INCOME = NEED **$** _____

14. Please attach a copy of your résumé (maximum two pages in length) which is to include a description of school/community extracurricular activities.

15. Please attach a copy of your transcript of Grade 11 and 12 marks.

APPLICANT'S DECLARATION:

I hereby declare that the information given in answer to all questions is true and complete in all respects.

_____ _____

Applicant's signature Date