## FRANCES KELSEY SECONDARY SCHOLARSHIP/BURSARY APPLICATION FORM

SCHOLARSHIP / BURSARY NO		TRANSCRIPT OF MARKS ATT	ACHED NO
Name of Scholarship/Bursary			
Last name		First name	
Date of Birth (month/dd/yyyy)		Graduation (Month/Year)	
Home Phone		Alternate Phone	
Home Address			
City	Province	Postal Code	
Mailing Address (if different)			
City	Province	Postal Code	
Name of Father/Guardian Name of Mother/Guardian			
Occupation Pho	ne )	Occupation I	Phone (
Number of dependant children in the family (e.g. 3 children, age 4, 5, 7)			
Specific Career Goal/Occupation		Name of proposed College or University	
Student Signature		Date	
Please attach a resumé to include your school and community activities and involvement, a covering letter stating why you think you should be considered for this award, letters of reference and a transcript of marks.			