



750 15th Street
 Winkler, MB R6W 1M1
 office@winkleremmanuel.com

Date: _____
Social Insurance Number: _____

Bursary Application

Personal Information

Name: _____

Address: _____

Phone Number: _____ Birth Date: _____

Marital Status: _____ Single _____ Married Date of Marriage: _____

Name of Spouse: _____ Number of Children: _____

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Parent's Address: _____

Are you a member of our church? _____ Are your parents members? _____

Education and Employment Information

Last school attended: _____

Last year in school: _____ Level/Grade Completed: _____

Name of school registered at now: _____

School Address: _____

Year of studies: _____ First _____ Second _____ Third _____ Fourth

Graduate Year: ___ Yes ___ No Duration of school year: from _____ - _____

Will you be attending: Full-time _____ Part-time _____ (please specify) _____

List consecutively last two employers:

Employer	From	To	Type of Work
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I, _____, hereby make application for a bursary of
 ___\$250.00 (secondary) ___\$500.00 (post-secondary)
 which is to be presented upon my registration to _____
 (name of school/college)

Date: _____ Signature: _____

Bursary cheques will be written out to the applicant's school

Return completed form to Education Committee Chairperson.