

APPLICATION FOR THE GERTRUDE POLLEX BURSARY

Date of Application: _____ For Academia Year: _____

Student Name: LAST _____ First Name _____ DOB _____

Home Address: _____

Home Congregation: _____

Church Address: _____

Education Facility Attending: _____

Education Facility Address: _____

Academic Term: _____ Program: _____

Estimated Student Income:_(CDN \$) _____

Estimated School Expenses for the Academic Year

Tuition \$ _____

Other Education Expense \$ _____

Room and Board \$ _____

Travel Home (one trip) \$ _____

Total Expenses \$ _____

Include letters of recommendations (min. of 2) from your pastor and local LWML Canada Society/Zone

I state that the above information is correct to the best of my knowledge. I have read the Gertrude Pollox Bursary information form, including repayment, as printed on the reverse of this document and agree to abide by all criteria

SIGNATURE OF APPLICANT: _____ Date: _____