
VILLAGE OF CARONPORT APPLICATION FOR BURSARY YEAR 2019

This application must be received by the Village of Caronport by May 8th, 2019. Please mail or drop off application to:

**Village of Caronport
Box 550
201 Valleyview Drive
Caronport, SK S0H 0S0**

To the Council of the Village of Caronport:

I, _____

Being a resident of Caronport, currently living at _____
Street Address

_____ Box Number

Indicate that:

I plan on pursuing post secondary education at:

_____ Name of School, university or institution

Starting _____, _____
Date Year

1. Describe your planned area of study (attach a sheet of paper if more room is required).

2. How will this bursary if approved, assist you in your intended course of study?

3. Describe your long term career plans as known at this time.

4. What year did you move to Caronport as a permanent resident? _____

5. Have you applied for any other bursaries? ☐ Yes ☐ No

6. Are you currently a grade 12 student? ☐ Yes ☐ No

APPLICANT

I have read and understand the terms of this bursary application and I agree to comply with the rules and regulations regarding this.

Date: _____

Applicant

☐ Acceptance (**Office use only**)
