

Bursaries, valued at **\$500 - \$1000** are awarded by the Bosco Foundation to current or former clients of the agencies Bosco Foundation supports.

*\*Exceptions may be considered.*

*\*Funds will be made available upon proof of enrollment following section of student as recipient of a Bosco Foundation Bursary.*

**Eligibility:**

- Must show proof of acceptance into a program of training/studies of a recognized institution.
- Student must display financial need.
- Student may be entering any year of study.
- No age restriction.

**Mail or Fax Application to our office prior to the last business day of April and/or September to:**

Dr. GR (Gus) Rozycki, PhD  
Chief Executive Officer  
Bosco Foundation  
6770 - 129 Avenue, Edmonton, AB T5C 1V7  
Ph: (780) 440-0708 Ext. 252 Fx: (780) 440-6295

***APPLICANT'S INFORMATION:***

Applicant's Name: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address Address (*if different then above*): \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

***INSTITUTE INFORMATION:***

Institute you plan to attend: \_\_\_\_\_

Program you plan to enroll in: \_\_\_\_\_

Yes  No

Have you been accepted at this university, college or training program:

(If yes, a copy of acceptance letter **MUST** be attached)

Career Objective: \_\_\_\_\_

**OTHER REQUIRED INFORMATION:**

Please explain why you feel you should receive a Bosco Foundation: \_\_\_\_\_

Please detail any other information you feel the Bosco Foundation should consider when reviewing your application: \_\_\_\_\_

Please list any other bursaries or scholarships you have been awarded:

_____	_____
Name of scholarship/bursary	Amount
_____	_____
Name of scholarship/bursary	Amount
_____	_____
Name of scholarship/bursary	Amount

**References:**

Please list the names of three individuals whom the Bosco Foundation may contact. You may include teachers, employers, clergy, Bosco Staff or Directors, or other responsible persons. Do NOT include family members.

_____	_____	_____	_____	_____
Name of Person #1	Address	City	Prov	Postal Code
_____	_____	_____	_____	_____
Occupation				Telephone #
_____	_____	_____	_____	_____
Name of Person #2	Address	City	Prov	Postal Code
_____	_____	_____	_____	_____
Occupation				Telephone #
_____	_____	_____	_____	_____
Name of Person #3	Address	City	Prov	Postal Code
_____	_____	_____	_____	_____
Occupation				Telephone #

_____ Applicant's Signature	_____ Date
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