



# Bursary Application Form

**Six \$1,000, Three \$3,000 and Three \$5,000 Bursaries, will be awarded by the Bosco Foundation. Successful Applicants will be notified during the third week of June.**

## **Eligibility:**

- Student must have proof of full-time enrollment at an accredited university, community college or technical institution (proof of interim enrollment pending receipt of final marks is acceptable).
- Student must show financial need.
- Student must be graduating from an Alberta highschool.
- Student must have a significant volunteer record at school and/or in the community.

**All Information Must Be Complete AND Transcripts for Last Three Years Must Be Attached Or Application Will Not Be Considered**

**Application must be received by Noon June 15:**

### **Mail Application to:**

**Bosco Foundation  
Bursary Application  
Room 315, 6770 - 129 Avenue NW  
Edmonton, Alberta  
T5C 1V7**

***For more information, please contact:***

**GR (Gus) Rozycki, PhD  
Chief Executive Officer  
Bosco Foundation  
(780) 809-8585 Ext. 1 or at  
[grozycki@boscofoundation.com](mailto:grozycki@boscofoundation.com)**

**\*Funds will be made available in September.**

# **Bosco Foundation Bursary Application Form**

1 Name of applicant \_\_\_\_\_  
First Middle Last

2 Date of birth \_\_\_\_\_ Telephone # \_\_\_\_\_  
Day/Month/Year

Social Insurance No. \_\_\_\_\_

3 Home address Mailing address (if different)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

(by applying for this bursary you agree to  
future communication from the Bosco  
Foundation)

4 Institute you plan to attend \_\_\_\_\_

5 Course you plan to follow \_\_\_\_\_

6 Have you been accepted at this university or college? ☐ Yes ☐ No  
(If yes, a copy of acceptance letter **MUST** be attached)

7 Career objective \_\_\_\_\_  
\_\_\_\_\_

8 Please attach a transcript of your marks for the last three years

Principal of school you are currently attending \_\_\_\_\_

Telephone # \_\_\_\_\_

9 Describe any involvement or activities in which you have participated.

School Committees/Involvement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteering in your community \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Are you a member of a not-for-profit organization or a registered charity? ☐ Yes ☐ No  
*If yes, please complete below:*

Name of Organization \_\_\_\_\_

\_\_\_\_\_  
Since when? Day/Month/Year

11 Please detail any other information you feel the Committee should consider when reviewing your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12 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

**13 Proposed budget for coming academic year (income and expenses):**

Source of Funds		Use of Funds	
Personal Savings	\$ _____	Tuition fees	\$ _____
Employment savings	_____	Books & supplies	_____
Family contributions	_____	Room & Board	_____
Other bursaries/scholarships	_____	Transportation	_____
Other funds (specify)	_____	Other expenses (specify)	_____
<b>Total Funds</b>	<b>\$ _____</b>	<b>Total Expenses</b>	<b>\$ _____</b>

Will you be living:   ☐ at home   ☐ in residence   ☐ boarding   ☐ in an apartment

**14 References:** Please list the names of three individuals whom the Committee may contact. You may include teachers, employers, clergy, members of not-for-profit or charitable organizations or other responsible persons. Do NOT include family members.

(1) \_\_\_\_\_

Name	Address
_____	_____
Occupation	Telephone #
_____	_____

(2) \_\_\_\_\_

Name	Address
_____	_____
Occupation	Telephone #
_____	_____

(3) \_\_\_\_\_

Name	Address
_____	_____
Occupation	Telephone #
_____	_____

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
Date    Day/Month/Year

# CONFIDENTIAL

## Household Information

This page containing family information **MUST** be completed to be considered for a bursary. Information will be kept in strict confidence and destroyed once the bursaries have been awarded.

If it is absolutely necessary to provide more detailed information, please attach such information to this document.

- 1 **Re: Name of applicant:** \_\_\_\_\_  
(student name)
- 2 **Household income from previous year's tax return:**  
Employment/Business income (gross) \$ \_\_\_\_\_  
Pensions \_\_\_\_\_  
Allowances \_\_\_\_\_  
Other \_\_\_\_\_  
Total household income \$ \_\_\_\_\_
- 3 **Number of persons in household:**  
Parents \_\_\_\_\_  
Children \_\_\_\_\_  
Other \_\_\_\_\_
- 4 **How many contribute to the household income?** \_\_\_\_\_
- 5 **How many are supported by this income?** \_\_\_\_\_
- 6 **Are there household members, other than the applicant, currently attending post-secondary educational institutions?** ☐ Yes, number: \_\_\_\_\_ ☐ No

The information stated in this application is true and accurate to the best of my knowledge. I understand that if any portion of this application is incomplete, including the requested transcript of marks for the previous 3 years, it will not be considered.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date Day/Month/Year

Please print names