## Knights of Columbus Bursary Application Information: \*\*\* (MUST BE COMPLETED IN FULL WITH REQUIRED ATTACHMENTS TO BE CONSIDERED)

Name: Mr., Miss, Ms. First	Last	
Mailing Address: Street (	or Box number:	
City, Province, Po	ostal code:	
Home phone, (or	best contact number):	
Date of Birth Day/Month/	Year:	
High School currently atte	ending:	
Post-Secondary Institution	ı that you plan to attend:	
Program that you plan to	study:	
Start Date:		
GPA as of date of applica **** (Copies of TVR (Tra		ort card WITH GPA must be attached).
Parents or Guardians:		
Name:	Occupation:	Est Annual income:
Name:	Occupation:	Est Annual income:
Number (and age) of depe	ndants in family at home or attending	g school:
write on the reverse side,		f the following areas. (Add separate page or
	Activities.	

2)	Community Volunteer Activities:				
3)	Why do you need a Bursary?:				
3)	why do you need a Bursary:.				
4)	Describe any awards and/or achievements:				
5)	Estimate of annual Post Secondary Expenses: (List tu	ition, Accommodat	ion, Food,	Books, et	c.):
6)	What are your long term goals and aspirations?:				
U)	white the your long term gould and aspirations.				
	y: The Knights of Columbus is a Catholic, Family an				
	vely by yourself, please tell us what you think is nece ou contribute to your family to accomplish that. (Thi				
	oplication, or the application will be disqualified.)	Attached	YES	NO	c page t
	to apply for the Knights of Columbus bursary and certi	ify the foregoing as	accurate a	ınd have l	oeen
compie	ted independently by myself.				
Applica	ant's signature		Date		