



Anne Gibbon Memorial Bursary

(Hope Afloat Canada)

Bursary Application Form

Please PRINT. Answer all questions as the situation stands at this time. There are some questions of a personal nature that you may not wish to answer. If so, place the letters "N/A" in the space provided. All information provided will be held confidential and used solely for the purpose of selecting the candidate for our bursary. All documentation is destroyed following the selection process.

School: _____

NAME: _____

Address: _____ Phone: _____

Mother's Name: _____ **Father's Name:** _____

Occupation: _____ Occupation: _____

Annual Income: _____ Annual Income: _____

Please list any factors which may contribute to your need for financial assistance (eg. brothers, sisters still at home, at university, etc., extraordinary medical bills, caring for aging relatives, living with foster parents, relatives, living on your own).

Post-Secondary Budget for First Year Only

My Savings (from all sources to date)		A	\$ _____	
My Anticipated Income (from now until your program begins)		B	\$ _____	
Other Funds (parent contributions, relatives, etc.)		C	\$ _____	
Total Income (A + B + C)				= \$ _____

Expenses

Tuition and books	\$ _____	
Fees (student services, insurance, etc.)	\$ _____	
Room, Food & Utilities	\$ _____	
Clothing	\$ _____	
Entertainment	\$ _____	
Transportation	\$ _____	
Miscellaneous	\$ _____	
Total Expenses		= \$ _____

TOTAL NEEDS / SURPLUS (Total Income minus Total Expenses) \$ _____

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What career will you be pursuing in the Health Sciences field? _____

Which B.C. post-secondary educational institution(s) have you applied to and what program of study?

Have you received acceptance from a BC post-secondary educational institution? Yes No
If yes, please provide the name and location of the institution:

Please attach your most recent school transcripts and provide your final marks from the last reporting period in the courses listed below:

Subject	Grade %
English 12	
Math 12	
Physics 12	
Biology 12	
Chemistry 12	

Please attach 2 letters of reference: one from a teacher, principal or counsellor and one from a community reference.

If you are the successful recipient of our bursary, may we post a photograph of the presentation to you on our website with your name and a brief description of your educational and career goals?
Yes No

We hereby state that all of the information contained herein is true to the best of our knowledge.

Signed and dated this _____ day of _____ in the year 200 _____ .

(Student's Signature)

(Parent's or Guardian's Signature)

PLEASE RETURN TO THE SCHOOL OFFICE
Revised 25 February, 2009
