



**Mark R. Isfeld Secondary School
Group 1 Application Form**

**APPLICATION DEADLINE
MARCH 16, 2018**

Only one Application Form is required for this group. Must be accompanied by Group One Bursary Check List.

PLEASE BE SURE TO ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE. This form will be used by the appropriate committee in determining the allocation of the bursary.

NAME _____ SIN # _____

ADDRESS _____

PHONE NO. _____

A) What is your career goal & course of study? _____

*** Which post-secondary institutions have you applied to and what program of study?**

Post Secondary Institution	Program	Length of Program

*** To which post-secondary institutions do you wish to attend but have not yet applied to?**

Post Secondary Institution	Program	Length of Program

B) List the extra curricular activities, volunteer experiences, and/or clubs (both school and community) you are or were involved in.

GRADE 10	GRADE 11	GRADE 12

C) Check if appropriate:

- | | | |
|--|--|---|
| <input type="checkbox"/> resident of Cumberland | <input type="checkbox"/> resident of Courtenay | <input type="checkbox"/> Union Bay Credit Union |
| <input type="checkbox"/> resident of Royston | <input type="checkbox"/> Rotary Interact Club | <input type="checkbox"/> Fish and Game Club |
| <input type="checkbox"/> resident of Union Bay/Fanny Bay | | |

D) Transcript Update: Please list the courses you are taking in semester 2. Indicate your interim mark for each.

Course	Interim Mark

E) School Attendance: Have your counsellor complete the following section:

Excused _____ Unexcused _____ Counsellor's signature: _____

F) Family Information:

* Who do you live with?

____ Both parents ____ Mother ____ Father ____ Foster parents ____ On your own ____ Relatives

*** Family Occupations:**

	Occupation	Employer	Schedule
Father	_____	_____	F/T__ P/T__ Seasonal__
Mother	_____	_____	F/T__ P/T__ Seasonal__

* **Please list any factors which contribute to your need for financial assistance** (siblings still at home, at university, etc, extraordinary medical bills, caring for aging relatives, living with foster parents, relatives, on own) This information will be held in strict confidence.

* **Do you presently have a part-time job?** ____ Hours/week ____ Summer job? ____

G) Post Secondary Budget for first year only:

Savings (from parents & your savings) A = \$ _____

Anticipated Income (from now until your program begins) B = \$ _____

TOTAL INCOME (A + B) C = \$ _____

MY EXPENSES

Tuition \$ _____

Fees (student services, insurance, etc.) \$ _____

Room, Board & Utilities \$ _____

Books & Supplies \$ _____

Clothing \$ _____

Entertainment \$ _____

Personal Sundries \$ _____

Transportation \$ _____

Miscellaneous \$ _____

TOTAL EXPENSES \$ _____

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 20_____.

Student's Signature

Parent's or Guardian's Signature