

KINETTE CLUB OF VULCAN BURSARY

RATIONAL:

The Kinetette Club of Vulcan established this bursary to promote, encourage and sponsor educational programs and activities by providing assistance to applicants in their quest for higher learning at a recognized post-secondary institution.

CRITERIA:

To be eligible you must:

1. Be a Canadian Citizen or landed immigrant.
2. Be registered as a full-time student in September at a recognized university, community college, technical institute or other post-secondary institution for advanced learning.
3. Submit this application for endorsement to the Kinetette Club of Vulcan.
4. Demonstrate high ideals and qualities of citizenship.
5. Not have previously received a bursary from the Kinetette Club of Vulcan.

APPLICATION PROCEDURE:

Mail the completed application form by April 15 to:

Kinetette Club of Vulcan
Box 843
Vulcan, Alberta
T0L 2B0

1. Attach a copy of your recent full year school transcript.
2. Attach a photocopy of proof of citizenship (Canadian birth certificate, Canadian citizenship certificate or Canadian Immigration record).
3. Send proof of your registration to your post- secondary institution.

The responsibility for the completed application form is the responsibility of the applicant.

All information on the application form will be held in the strictest confidence.

Application forms are available at the CCHS.

Work Experience:

Year, Job, Position, and Place of Employment

1. Please comment on your knowledge and/or experience with your local Kinsmen and/or Kinette clubs or Kin Canada. Give specific examples.

2. Outline briefly your plans for your future career or profession and how this bursary would assist you achieving your goals.

3. Additional information related to this application that you feel is important for consideration by the committee.

I hereby certify that all information is accurate and can be verified upon request; and that I have not been a recipient of this bursary previously.

I hereby acknowledge and agree to the above privacy statements and use of my personal information by the association.

Signature of Applicant:

Date: