

**BURSARY AWARDS**  
**Student Application Form**

Please complete and/or qualify the following. Additional pages may be attached, if required.

<b>Applicant's Given Name</b>	<b>Applicant's Surname</b>
<b>Social Insurance Number</b>	<b>Date of Birth (Y – M – D)</b>
<b>Telephone Number</b>	<b>E-Mail Contact</b>
<b>Address</b>	
<b>Present School</b>	<b>Year of Secondary Education</b>
<b>Present School Address</b>	

I hereby grant permission to the Devon General Hospital Foundation Bursary Committee to contact my secondary school to request further information about me if they see fit.

If I am successful in receiving a bursary, I give permission for the Foundation to make public my award.

**Signature:** \_\_\_\_\_

**Signature of parent/guardian if under 18 years of age:** \_\_\_\_\_

<b>Graduating Year</b>	<b>Grade Average</b>
<b>Program of study</b>	<b>Expected Post Secondary School</b>

List school activities/sports you have been involved in.

What volunteering have you done related to healthcare?

What volunteer activities have you been involved in?

How have you demonstrated leadership?

**List part time employment if applicable.**

**Attach an essay of approximately 250 words of why you should receive this bursary. (please use a separate sheet if required)**