FAITH UNITED CHURCH – UNITED CHURCH OF CANADA FAITH UNITED BURSARY APPLICATION FORM

Personal Information Form

IMPORTANT: SUBMIT TWO FULLY COMPLETED COPIES OF THIS FORM TO THE **FAITH UNITED BURSARY COMMITTEE.** PLEASE PRINT OR TYPE CLEARLY.

Home Address:			
City: Province: Po	stal Code:		
Home Telephone Number:		E-mail Address	:
Name of Seconda	ry School:		
School Address C	ity: Province: Po	ostal Code: Telephone Numb	er:
Post-Secondary F	Program of Choi	ce (circle one):	
University	College	Apprenticeship	Other
Parent/Sponsor (A	An active memb	er of Faith United Church)	
Name:		:	
Home Phone		Cell Phone:	
First Name Middle	Name Last Na	me (Use Capitals)	
I certify that the information provided on this application form and in the accompanying documentation is true, accurate and complete.			
Applicant's Signature: Parent /Sponsor's Signa	ature:		Date:

Applications are due to the Bursary Co-ordinator no later than June 30 (or other date established by the Committee).

FAITH UNITED BURSARY APPLICATION FORM Full Name of Applicant:

STATEMENTS OF ACADEMIC ACHIEVEMENTS, FAITH UNITED BASED ACTIVITIES AND COMMUNITY INVOLVEMENT
Academic Achievements/Honours/Competitions: (All information must fit in the space provided).
Faith United based Activities: (In this section describe the Faith United based activities in which you have been involved in over the past three years. All information must fit in the space provided).

Community Involvement: (In this section describe the community activities in which you have been involved in over the past three years. All information must fit in the space provided)