

archives
SOCIETY OF ALBERTA
BURSARY APPLICATION

PERSONAL INFORMATION

Name

Mailing Address

City

Prov

Postal Code

Phone

Email

INSTITUTIONAL AFFILIATION (if any):

NAME OF EDUCATIONAL INSTITUTION:

NAME OF COURSE OR PROGRAM

Please attach a copy of letter of acceptance or enrolment.

Starting Date:

Anticipated Completion Date:

EDUCATION, RELATED EMPLOYMENT OR OTHER EXPERIENCE:

Please attach copy of transcript and/or resume.

REFERENCES:

List at least two and attach letters from those individuals.

1)

2)

E-mail:

E-mail:

OTHER FUNDING SOURCES

AMOUNT AWARDED

I certify that the information provided in this application and attached documents is accurate and complete and I will abide by the conditions specified in the Guidebook to Educational and Travel Grant Programs.

Signature

Date