



ECKVILLE COOPERATIVE ASSOCIATION LTD.

BURSARY APPLICATION

Name: _____ Parent's Name: _____

Address: _____

Parent's Coop Membership Number: _____

High School Attended: _____

Year Graduated: _____

Post Secondary Institution: _____

Course of Study: _____

Start Date: _____

Grades (attach copy of grade 12 transcript) : _____

Average Grade: _____

Note: Academic marks not only consideration.

Extra-curricular activities and community involvement (i.e. sports, 4-H, volunteer activities, etc.) _____

Other scholarships applied for: _____

Why have you chosen this field of study? _____

Future Plans of completion of course of study? _____

How do you and your family perceive the Eckville Coop and what benefits does your family enjoy from it? _____

Signature: _____ Date: _____

Please attach if you need extra room to complete this application.

APPLICATIONS TO BE TURNED INTO THE ECKVILLE COOP ADMINISTRATION OFFICE BEFORE AUGUST 15 (ONCE GRADE 12 MARKS ARE RECEIVED)