



Government of Newfoundland and Labrador

Department of Education

STUDENT BURSARY APPLICATION (FORM 1)

To be completed by **Student** and signed by **Parent/Guardian**.

1. Name: _____ MCP#: _____
(Surname), (Given Name and Initial)

2. Name of Community: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address:

Street: _____ P. O. Box: _____

Community: _____ Postal Code: _____

Tel. #: _____

3. Current Grade: Select _____

4. Name of Home Community School: _____

5. Are you already receiving a bursary? YES NO

If yes, indicate the grade(s) and school for which you have already received a bursary:

Level I Level II Level III

School: _____ Community: _____

6. School you wish to attend on Bursary:

School: _____ Community: _____

I certify that:

The community school does/will not offer sufficient credits to enable me to graduate having completed the minimum graduation requirements

I have attached a copy of school marks verified by the school principal.

DATE

SIGNATURE (PARENT/GUARDIAN)

PLEASE FORWARD TO THE PRINCIPAL IN YOUR HOME COMMUNITY BY JUNE 1