

**STUDENT BURSARY APPLICATION (FORM 2)**

To be completed by the **Director of Schools** for the school in the **home community** in which the student **is enrolled**, and forwarded to the **Director of Schools** for the school in which the student **wishes to enroll**.

**Section I:** To be completed by the **Director of Schools** for the **home community**.

**1. Home community (all questions here refer to the school in the student's home community where Parents/Guardians reside)**

School name: \_\_\_\_\_

The school in this applicant's **home community** is offering grades Select to Select for the year 20\_\_\_\_ to 20\_\_\_\_ (next year).

Total school enrolment this school year is \_\_\_\_\_.

The school offers sufficient credits to enable the student to graduate having completed the minimum graduation requirements. YES ☐ NO ☐

Bus transportation is available from the **home community** to the school in which the student wishes to enroll. YES ☐ NO ☐

2. All information provided by the application is verified. YES ☐ NO ☐

3. This application meets the requirements of all Bursary Regulations. YES ☐ NO ☐

4. Recommendation: ☐ This student **is** recommended for a Bursary

☐ This student **is not** recommended for a Bursary

Comments:

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Director of Schools

**Please forward to the Director of Schools for the school in which the student wishes to enroll by June 15.**

**Section II:** To be completed by the Director of Schools for the school in which the student **wishes to enroll**.

The student will be assigned to \_\_\_\_\_ (school name).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Director of Schools

Please forward to [HSBursary@gov.nl.ca](mailto:HSBursary@gov.nl.ca) or the Director of Student Services,  
Department of P. O. Box 8700, St. John's, NL, A1B 4J6 by June 22.

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**FOR STUDENT SERVICES DIVISION USE ONLY**

- ☐ Acknowledged Date \_\_\_\_\_
- ☐ Approved Date \_\_\_\_\_
- ☐ Rejected Date \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_