



**ACTION SUDBURY  
BURSARY APPLICATION**

*"Citizens Against Impaired Driving"*

**PART 1: TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**POST SECONDARY INSTITUTION & COURSE YOU ARE PLANNING TO ENTER:**

\_\_\_\_\_

**BRIEFLY DESCRIBE YOUR GOALS AND INTERESTS:(attach extra page if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S CONTRIBUTION TO SCHOOL, FAMILY AND COMMUNITY:(attach extra page if necessary)**

\_\_\_\_\_

\_\_\_\_\_  
Date

Signature of Applicant

**PART 2: TO BE COMPLETED BY THE GUIDANCE COUNSELLOR.**

**STUDENT'S CONTRIBUTION TO THE SCHOOL:**

(Attach additional page if necessary)

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**SCHOLASTIC APTITUDE:**

(Please attach high school transcripts or other evidence of potential to succeed in post secondary program).

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**SPECIAL CIRCUMSTANCES:**

(Financial, family or personal details which would merit special consideration).

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\_\_\_\_\_  
Guidance Counsellor

Secondary School

\_\_\_\_\_  
Date

Telephone Number

Proof of acceptance at a recognized institute of higher learning will be required before receipt of any award. Awards will be judged on academic standing, financial need and community involvement.

Application Deadline: April 30<sup>th</sup>

Please forward to: Action Sudbury  
P.O. Box 2875, Station A  
SUDBURY, Ontario  
P3A 5J3