

Application for Leif Erikson Chapter IODE Bursary

The applicant and family must be in financial need. Application must be accompanied by a letter, handwritten on plain unlined stationery stating interests, plans for the future and your financial status. Applications must be submitted through your principal, to the Education Officer of Leif Erikson Chapter IODE by **May 30**. (Please type or print in ink.)

Name _____ Birth date _____

Mailing address _____ Postal Code _____

School presently attending _____ Years _____ Married? _____

Plans for further study _____ Accepted? _____

Father's job _____ Mother's job _____

Are you employed? _____ Where? _____ How long? _____

Number of siblings at home _____ at university _____ other _____

Subjects studied and marks obtained

Grade XI

Grade XII

Subject

Marks

Subject

Marks

1st term 2nd term

1st term

Verified by _____ Title _____ Date _____

Please secure references from three people, not related, addressed to the education officer IODE in care of your school principal. Please provide their names below.

1. Teacher _____ 2. Adult friend _____

3. Employer, minister or priest _____

NB: Application will be disqualified if any part of it is incomplete. Only references from above named individuals will be accepted.

_____ Date

_____ Applicant's signature