## ALBERT COUNTY ACTION COMMITTEE (ACAC) EDUCATION BURSARY APPLICATION

## PLEASE COMPLETE IN TYPED FORMAT – Incomplete applications will not be accepted

Name:			
Street Address:			
City:	Province:	<u>,                                      </u>	Postal Code:
Phone Number:		Email Address:	
Date of Birth:			
Current Education Level:		<u>,                                      </u>	
Average Mark over the past 2 FULL School Years (if applicable):		Transcript of Marks:  Yes  No	
Copy of Letter of Acceptance		☐ Yes ☐ No	
Name and Address of Educati	ional		
Institution Where Enrolled:			
Field of Study:			
Career Aspirations:			
Current Food Bank Client	OR	Former Food Bank	Client
Type your		Date of Submission:	
Electronic Signature:			
Please attach your resume wit a post-secondary institu ACAC.AlbertCountyFoodBank directly to the institution in which Bursary Guidelines.	ition and this <u>@gmail.com</u> by <i>JU</i>	s application form INE 2 <sup>nd</sup> , 2023. NOTE: I	and email to Funds will be disbursed
<b>Declaration:</b> I, the applicant documentation is authentic, cell agree to retain all original, si submission by the Selection Co	rtified and not false igned, and certified	ly submitted including <u>my</u>	<u>electronic signature</u>
Type your Electronic Signatur	re:		