



**BENNETT & ALBERT COUNTY
HEALTH CARE FOUNDATION**

BURSARY PROGRAM APPLICATION FORM

APPLICANT INFORMATION

Surname: _____ Given Name(s): _____
Date of Birth: _____ Telephone: (____) _____
Home Address: _____
Mailing Address (if different from above): _____

Email Address: _____
Applicant Signature: _____ Date: _____

EDUCATIONAL INFORMATION

Year graduated from Caledonia Regional High School: _____
Educational Institution enrolled: _____
Educational Institution address: _____

Course of Study: _____
Program Duration: _____
Tuition Fee: _____

In the space provided below, please explain how your enrollment in this post secondary program will contribute to you achieving your life goals.
