APPLICATION FOR W.O.A.A. "DON GRAVETT MEMORIAL" BURSARY

1.	Applicant's Name		Date
2.	Street Address		P.O. Box
3.	City/Town	Postal Code _	Telephone
4.	Parent's/Guardian's Name		Email:
5.	Parent's/Guardian's Address (if different than above)		
6.	City/Town	Postal Code _	Telephone
7.	Applicant's Place of Birth Date		
3.	Course or Program		
€.	Name of University, College or School Attending:		
10.	Address:		
11.	Length of Training Period Wks Mths Yrs.		
12.	Registered in 1st 2nd 3rd 4th Year		
13.	Identify the Diploma or Certificate you will receive upon successful completion of the program		
4.	Secondary School Graduation		
5.	Estimated Expenses for the Scho	School ool Year Tuition:_	Date Books:
6.	Instruments or Tools (apprentice	es)	
7.	Residence/Room & Board Transportation Costs		
8.	Is there additional information related to this application which you consider relevant? What centre and in what capacity was your involvement with the W.O.A.A.?		
19.			
	Specify period of time		
	Signature of Applicant		Date
	Signature of Parent/Guardian		Date