BURSARY APPLICATION FORM, MUST BE COMPLETED IN FULL.

Name Complete Address	
Date of Birth	
Email address (PRINT CLEARL)	()
Father/guardian, name/occu	pation
Mother/guardian, name/occ	upation
Dependent children and age	
High School attending	
Last grade completed	
Signatures of Parents or Guardians	
SEND to: Karen Erickson,	
136 – 209D Cree Place, Sasko	atoon, SK. S7K7Y9.
Cell or text 306 292 8782	

Email: <u>karen</u>.erickson@sasktel.net