

THE GRAND LODGE OF ALBERTA ANCIENT, FREE AND ACCEPTED MASONS

THE FRED AND LILLY NORTH MASONIC BURSARY APPLICATION FORM (for students attending high school at kitscoty or lloydminster comprehensive high school)



Both pages of this form must be submitted in <u>DUPLICATE</u> prior to JULY 15, 2018

This bursary is available to **CANADIAN CITIZENS**, residing **EITHER** in the Provinces of Alberta or Saskatchewan and a student attending Kitscoty High School or Loydminster Comprehensive High School. It is intended to assist students whose parents (or family) are in financial need and unable to finance post secondary education in the Province of Alberta or the Northwest Territories or the Province of Saskatchewan for a minimum two year program. Consideration will be given to attendance at institutions outside of the Province of Alberta or the Northwest Territories or the Province of Saskatchewan only if the course is unavailable within these three jurisdictions.

This award, in the name of **Fred and Lilly North Masonic Bursary**, is made by a Committee of The Grand Lodge of Alberta, whose decision is final. By completing and submitting this application, the applicant may be subject to a financial audit and home visitation.

Completed applications, in <u>duplicate, together with your 500 word typed essay</u> must be received by the "Grand Secretary, The Grand Lodge of Alberta, #210, 2816 – 11 Street N.E., Calgary, AB T2E 7S7", no later than July 15, 2018, to be considered for the following academic year. Applications must be accompanied by a current transcript or marks list (Grade 11). Interviews for Bursaries will be undertaken in July/August 2018. A copy of the latest transcript or marks (Grade 12) must be made available to those conducting the interview at this time. Those who are advised that they have been accepted for a Fred and Lilly North Masonic Bursary will be responsible for providing the committee with a Certificate of Admission from the education institution they wish to attend, before a cheque will be issued.

The receipt of this application will only be acknowledged if the applicant is in the group for final selection. This application will be retained on file for one year.

PLEASE PRINT		
Last Name:	Full Given Names:	
Address :		
(it is your res	ponsibility to inform us of any changes from that shown a	bove)
City/Town:	Province/Territory:	Postal Code:
E-mail address (you must inform u	us of any change):	
Phone No. ()	Married: Single:	S.I.N:
PLEASE ARRANGE FOR SOM	VE SEND TO YOU WILL REQUIRE AN IMME MEONE TO EITHER OPEN OR FORWARD YO Place of Birth: - yy)	OUR MAIL SHOULD YOU BE AW
Years of residence in AB / SK: Name of High School where gr	- yy) If not born in Canada, date of citizenshij rade 12 attended:	p: (mm - dd - yy)
Location of above High School	:	Phone No. ()
Institution to be attended:	Fac	culty:
Location of Institution:		
Registering in the: first, so	econd, third or fourth year of an un	ndergraduate degree or diploma.
Which semester(s):		

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Are you the principal wage earner in household? Yes, No If not, who is?	
Is the principal wage earner in the household? Married:, Single:, Co-habiting:	
Occupation of wage earner(s) in household?	

(List all contributors to the family income)

Total <u>Net</u> family income: <u>\$</u>______ Canada Revenue Agency's <u>Notice of Assessment</u> or <u>Income Tax and Benefit Return</u>, for the preceding year, are to be made available at time of interview.

Names of family members dependent on net family income (if more room needed, attach separate sheet):

NAME (S)	RELATIONSHIP	AGE
/here do you plan to live while attending school? Ho	ome Other,	
/hat is your estimated net income for this year? \$_		
ow much will your family assist you with during the	year? \$	
/ill you be receiving an Alexander Rutherford Scholar	rship? Yes, No If yes, amount? \$	
/ill you be receiving any other grant or scholarship?	Yes, No If yes, amount? \$	
Sapplying for a student loan, what is the amount?		
/hat is your estimated expenditure for the year? \$_		
/hat are your reasons for making this application?		
	attach separate sheet to application)	

If you are a dependent named above, are any other members of your family attending post secondary educational facilities? Yes _____, No _____. If yes, how many? ______

I hereby certify that the answers given to the foregoing questions are complete and true in every respect.

Date:____

Signature of Applicant:_____

(mm - dd - yy)

Both pages of this form together with your 500 word essay must be submitted in <u>DUPLICATE</u> prior to July 15, 2018 (Page 2 of 2)