

Sid Bildfell Business Education Bursary

PERSONAL INFORMATION			
Name:			
Address:			
City/Town: Province:			
Postal Code: Phone:			
Email:			
PROGRAM OF STUDY			
PROGRAM OF STUDY			
Institution:			
Address:			
Program:			
Start Date: Completion Date:			
Certificate, Diploma, Degree Expected:			
Which year of your proposed program of study will you be entering? \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th			
You must submit confirmation of full-time enrollment. A letter or email indicating you are enrolled in classes for September of the current year is recommended.			
EDUCATIONAL HISTORY			
Institution:			
Program:			
Start Date: Completion Date:			
Certificate, Diploma, Degree Completed:			
CO-OPERATIVE INVOLVEMENT			
Are you involved with a credit union or co-operative organization? ☐ Yes ☐ No			

You must provide confirmation of involvement in a credit union or co-operative organization. A letter or email from the co-operative is recommended.



REFERENCE			
Please provide refe	rence information below. Ask this person to supply a letter of reference by May 31, 2017.		
Name:			
Phone Number:	Email:		
Ensure that	t the letter is current and is from an employer, educator or professional.		
FINANCIAL INF	ORMATION - Estimated expenses for one academic year		
Tuition:	_\$		
Books & Supplies:	_\$		
Housing:	\$		
Transportation:	\$		
Total Expenses:	<u>\$</u> 0.00		
	e living while in school?		
	paying for your education? Self/Savings \$ Loans \$ DS/Bursaries \$ Other (please explain) \$		
3. What amount do	your parents plan to contribute to your education this year? \$		
4. What is your estimated gross income for this year? \$			
5. What is your net worth? Total value of assets (vehicle, investments) less liabilities (loans) \$			
6. Are there any other financial challenges you face that the selection committee should be aware of?			
ESSAY OR VIDE			
Please submit a 500 question:	word essay OR a 2 minute video (.wmv, .mov or .avi format) that answers the following		
What does it mean to you to be a member of a co-operative?			
OTHER			
Please let us know h	now you heard about this scholarship		



PRIVACY STATEMENT AND APPLICATION AGREEMENT

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By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name to SaskCentral's Board (c) publication of name and, at SaskCentral's discretion, biographical information in relation to this application in the media.

You further agree that the application and any related materials, in whatever format submitted, will become the property of SaskCentral for use in any manner it deems appropriate and as may be permitted by law. You will save SaskCentral harmless against any claim for loss, damages, injury to person or reputation that may result from SaskCentral's use or distribution of your application or any information contained therein.

I hereby certify that all information is accurate and can be verified upon request; and that I have not been a recipient of this bursary previously.

I hereby acknowledge and agree to the above privacy stateme SaskCentral.	nts and use of my personal information by
Signature of Applicant(Or of parent/guardian if applicant is not age of majority)	Date of Application