

## Anne Gibbon Memorial Bursary (Hope Afloat Canada)

**Please PRINT**. Answer all questions as the situation stands at this time. There are some questions of a personal nature that you may not wish to answer. If so, place the letters "N/A" in the space provided. All information provided will be held confidential and used solely for the purpose of selecting the candidate for our bursary. All documentation is destroyed following the selection process.

	School:			
NAME:				
Address:	Phone:			
Mother's Name:	Father's Name:			
Occupation:	(	Occupation:		
Annual Income:		Annual Income:		
Net household income:	_			
Please list any factors which may contribut still at home, at university, etc., extraordina parents, relatives, living on your own).	•		` <b>U</b>	
Post-Second My Savings (from all sources to date) My Anticipated Income (from now until your pre Other Funds (parent contributions, relatives, etc.) Total Income (A + B + C)	•	for First Year Or		
Expenses Tuition and books Fees (student services, insurance, etc.) Room, Food & Utilities Clothing Entertainment Transportation Miscellaneous Total Expenses TOTAL NEEDS / SURPLUS (Total Inco	\$\$ \$ \$ \$ ome minus T	otal Expenses)	= \$	

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What career will you be pursuing in the Health Sciences field?		
Which B.C. post-secondary educational institution(s) have you applied to for the next and what program of study?	academic year	
Have you received acceptance from a BC post-secondary educational institution? Yes If yes, please provide the name and location of the institution:	s □ No □	
Please attach your most recent school transcripts and provide your final marks from the period in the courses listed below:	e last reporting	
Subject	Grade %	
English 12		
Math 12		
Physics 12 Biology 12		
Chemistry 12		
Chemistry 12		
Please attach 2 letters of reference highlighting community activities. Reference letter are for non-academic activities only.	ers from teachers	
If you are the successful recipient of our bursary, may we post a photograph of the preson our website with your name and your school of graduation. Yes $\square$ No $\square$	sentation to you	
We hereby state that all of the information contained herein is true to the best of our Signed and dated this day of in the year 202		
(Student's Signature) (Parent's or Guardian's	s Signature)	

PLEASE RETURN TO THE SCHOOL OFFICE
Revised October 23,2020