

A bursary is to be presented to up to 45 qualifying students who meet the noted criteria.

Nomination:

- selected by the DSBN Academy Student Awards Committee.

To be eligible, a candidate must:

- be graduating from the DSBN Academy,
- be a resident of Niagara,
- be accepted in an undergraduate program at a college or university (must show proof of acceptance),
- demonstrate financial need as outlined in the DSBN Academy Student Profile form.

Recognition:

- a financial award of \$250,
- presentation will be made at the student's secondary school graduation exercises.

Applicants need to submit:

the DSBN Academy Student Profile form that includes:

- a student letter that includes a 200 word summary:
 - of your experience at the DSBN Academy,
 - expectations and dreams for the future,
 - challenges encountered regarding financial need,
- copy of acceptance to postsecondary college or university.

The above requirements should be submitted to DSBN Academy Student Awards Committee.

(Successful applicants are required to respond with a confirmation of program acceptance, submitted to the DSBN Academy Student Awards Committee.)

**2016-2017 DSBN ACADEMY STUDENT
BURSARY APPLICATION FORM**

Personal Information

_____ Surname		_____ Given Name(s)	
_____ Number & Street	_____ Apt. No.	_____ City	_____ Postal Code
_____ Telephone #	_____ Social Insurance Number	Note: S.I.N is necessary for income tax purposes in the event you are awarded the bursary.	

Secondary School Information

_____ Secondary School - DSBN Academy	_____ Date of Graduation Ceremony
_____ School Contact (CERTIFICATE & CHEQUE TO BE SENT TO THE ABOVE NOTED CONTACT)	
To the best of my knowledge this candidate meets the criteria for this award.	
_____ Signature of Principal	_____ Date signed

Post-Secondary Information

_____ Name of Accepting College or University	_____ Proposed Career
_____ Post-Secondary Program	_____ Length of Program

DECLARATION

I _____ hereby apply for a bursary under the terms of the DSBN ACADEMY STUDENT BURSARY and I hereby declare that all information is complete and true, that I will be a post-secondary student for the academic period stated, that the financial aid is essential to enable me to continue my education, and that if my application is approved, I will use the proceeds of my award for payment only of educational and living costs directly related to my course of study.

Signature of Applicant

Date

I hereby agree to have my name & school published in an Ad in local Niagara Region newspapers.

Student Signature

Parent/Legal Guardian Signature