

DSBN ACADEMY STUDENT BURSARY (Sukhinder Singh Cassidy)

DEADLINE 4:00 PM FRIDAY, JUNE 2, 2017

A bursary is to be presented to 2 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 outside of the Niagara Region (must show proof of acceptance),
- demonstrate financial need as outlined in the DSBN Academy Student Profile form.

Recognition:

- a financial award of \$500
- 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 SUKHINDER SINGH CASSIDY
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 SUKHINDER SINGH CASSIDY 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