

Bursary Application 2025

Your Name:				
	First Name	Last Name		
Address:				
	Street	Apt / Unit		
Address:				
	City	Postal Code		
Contact Info:				
	Email	Phone		
Academics:				
	Name of high school / academic institution you ar	e currently attending or recently a	graduated from.	
School Addres	SS:			
	Street		City	Postal Code
Your Plans:				
	Name of the academic institution you are planning	g to attend.		
Address:				
	Address of the academic institution you are plann	ing to attend.		
Program of St	udy:			
	What is your intended field of study?			When will you start?
Details of Stud	dv:			
	How long is the program?			When will you graduate?
Details of Expe	enditure:			
•	If awarded, how do you intend to spend the bursa	ary funds?		
About You:				
About Tou.	What school and / or community projects / initiat	ives / issues have you been involv	ed with?	
	, and a second s	,		
Address:				
	What was <u>your</u> role with the initiative stated above	ve?		
Bio:				
	Tell us about yourself-share any information you	want to share with us.		

If you require additional information, please contact Mike Phelan phelan@yoursafetysource.ca

Please send your completed application to: phelan@yoursafetysource.ca