



SCHOOL SUPPLIES BURSARY APPLICATION (K – Gr. 12 students)

PLEASE NOTE:

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED OR IT WILL BE RETURNED TO YOU, WHICH MAY RESULT IN DELAY OF PAYMENT.

ALLOW 2-3 WEEKS FOR PROCESSING, PRIOR TO FOLLOWING UP ON THE STATUS OF YOUR APPLICATION.

GENERAL INFORMATION

Parent/Guardian: _____
Surname _____ First Name & Middle Initial _____

Mailing Address: _____
Street/Box Number _____ City/Town _____

_____ Postal Code _____

Territory/Province _____

Phone: _____
Daytime Number _____ Evening Number _____

Email: _____

STUDENT INFORMATION

STUDENT NAME: _____

Status Number: _____ Is child a TH Beneficiary? YES NO Birth Date: (dd/mm/yy) _____

School Attending: _____ Current Grade Level: _____

School Address: _____ School Phone: _____ Expected Year to Graduate: _____

STUDENT NAME: _____

Status Number: _____ Is child a TH Beneficiary? YES NO Birth Date: (dd/mm/yy) _____

School Attending: _____ Current Grade Level: _____

School Address: _____ School Phone: _____ Expected Year to Graduate: _____

STUDENT NAME:

Status Number: _____ Is child a TH Beneficiary? YES NO Birth Date: (dd/mm/yy) _____

School Attending: _____ Current Grade Level: _____

School Address: _____ School Phone: _____ Expected Year to Graduate: _____

STUDENT NAME:

Status Number: _____ Is child a TH Beneficiary? YES NO Birth Date: (dd/mm/yy) _____

School Attending: _____ Current Grade Level: _____

School Address: _____ School Phone: _____ Expected Year to Graduate: _____

Signature, Parent/Guardian

Date

*Please send **completed and signed** forms back by:
(A) mail: P.O. Box 599, Dawson City, Yukon, Y0B 1G0;
(B) Fax: (867) 993-2329, Attn: Education Department; or
(C) Scan & Email: Ashley.Bower-Bramadat@trondek.ca.*

Mähsi Cho