



REQUEST FOR GRADE 12 GRADUATION BURSARY

STUDENT INFORMATION

STUDENT NAME: _____

Status Number: _____ Are You TH Beneficiary? YES NO Birth Date: (dd/mm/yy) _____

School Attending: _____ School Address: _____

School Phone: _____

GENERAL INFORMATION

Mailing Address: _____
Street/Box Number City/Town

_____ Territory/Province Postal Code

Phone: _____
Daytime Number Evening Number

Email: _____

- Attached transcript or letter from the Graduate's school administration stating that they have met all of the Graduation Requirements

Signature

Date

Please send completed and signed forms back by either of these options:

- Mail: Box 599, Dawson City, Yukon, Y0B 1G0
- Scan & Email: esw@trondek.ca

Mähsj Cho.