

RICHMOND YOUNG WOMEN'S INSTITUTE BURSARY
Application form

This bursary is awarded to a boy and a girl graduating from Richmond Regional High School who plans on furthering their education in any subject area.

Name: _____ AGE: _____
Family Name First Name

Address: _____
No. Street Town-City Postal Code

Name of Teacher or Principal for reference: _____

Course you plan to follow: _____ Duration: _____

Your ultimate career plans: _____

Did you work last summer Yes/No _____ Doing what _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Your school average for the last two years: Level 4 _____ Level 5 _____
(last term)

Please attach a copy of your last report.

Brothers and Sisters	Age	Occupation: If a student, name the institution and year

Date: _____ Signature of Parent: _____

Please return this form by May 1st to:

Ms. Debra Knowles
 Education Convenor, RYWI
 122 Gouin Street
 Richmond, QC J0B 2H0