

<p>GARY TINKER BURSARY FOR NORTHERN DISABLED STUDENTS</p>

<p>APPLICATION</p>

1. NAME:

2. MAILING ADDRESS:

3. CONTACT NUMBERS: (Telephone/Fax/Other)

4. EDUCATIONAL ATTAINMENT LEVEL TO DATE:

5. EMPLOYMENT HISTORY TO DATE:

6. BRIEF DESCRIPTION OF TYPE OF EDUCATIONAL PROGRAM FOR WHICH YOU WILL BE APPLYING, OR ARE ALREADY INVOLVED IN.

7. BRIEF DESCRIPTION OF YOUR GOAL ONCE YOU HAVE COMPLETED THE ABOVE PROGRAM.

8. ESTIMATE OF THE COST OF YOUR TUITION, BOOKS, AND OTHER EXPENSES FOR THE NEXT YEAR/SEMESTER/TERM.

9. LIST OF OTHER FUNDING SOURCES YOU WILL, OR EXPECT TO, RECEIVE ASSISTANCE FROM TO PURSUE YOUR STUDIES. (Example: EAPD, Student Loan, Parental Support, and Personal Employer scholarships, grants and bursaries, etc. Please declare the individual alternate funding sources. Estimate, if necessary.)

Personal Employer
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alternate funding sources. Estimate, if necessary.)

10. AS BURSARIES ARE CONSIDERED AS INCOME, THE GTF WILL ISSUE THE RELEVANT T4A SLIP FOR INCOME TAX PURPOSES.

11. FORWARD THIS INFORMATION TO:

GARY TINKER BURSARIES COMMITTEE
BOX 5000
LA RONGE, SK S0J 1L0