

INDEPENDENT ORDER OF ODDFELLOWS (IOOF)

APPLICATION FOR BURSARY

CHILLIWACK LODGE

(Applicants must be related to a current or past member of IOOF to be considered)

IOOF Member's Name _____ Lodge # or Location _____

Relationship to Applicant _____

Applicant should complete the information below and return this form to the School Counsellor who will forward to the Lodge.

FULL NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

NEXT OF KIN: _____

SCHOOLS ATTENDED RECENTLY: _____

CERTIFICATES HELD: (A) _____ DATE: _____

(B) _____ DATE: _____

CAREER GOAL: _____

TO WHICH INSTITUTIONS HAVE YOU APPLIED? _____

WHICH ONE DO YOU PREFER? _____

HAVE YOU BEEN ACCEPTED? _____

PROGRAM YOU PLAN TO PURSUE: _____

DATE PROGRAM BEGINS: _____

IF YOU PLAN TO EARN TOWARD NEXT YEAR'S EXPENSES, PLEASE INDICATE HOW:

CAN YOU REASONABLY EXPECT YOUR PARENTS OR OTHERS TO HELP YOU IN THE
MATTER OF EXPENSE? IF SO, TO WHAT EXTENT? _____

STATE FATHER'S OCCUPATION: _____

EMPLOYED BY? _____

IS MOTHER EMPLOYED? _____ IF SO, BY WHOM? _____

**ALL APPLICATIONS TO BE ACCOMPANIED BY A PERSONAL RESUME AND NO MORE
THAN TWO LETTERS OF REFERENCE, PLUS TRANSCRIPTS.**

SIGNATURE OF APPLICANT: _____ DATE: _____

INFORMATION FOR USE OF APPLICANT
FOR POST SECONDARY EDUCATION

The amount of the Bursary shall be paid to the successful applicant once proof of acceptance at a recognized college or university is provided.

CONFIDENTIAL REPORT BY FAMILY OF APPLICANT

As the financial need of the applicant is an important factor in the selection process, the Bursary Committee requests that the following information be supplied as to the financial standing of the family of the applicant. All such information is kept strictly confidential by members of the Committee.

Number of dependent children in family: _____ Ages: _____

Is Father employed? _____ By whom and in what capacity: _____

Annual income: _____

Is Mother employed? _____ By whom and in what capacity? _____

Annual income: _____

State reason why parents (or others) cannot give full assistance to the applicant: _____

Any additional information you wish to provide: _____

(Signature of Parent or Guardian)

(Date)