



J. A. Albery
St. John Ambulance
Youth Bursary
20__

APPLICATION FORM

All information contained on this form will be treated as CONFIDENTIAL.

A. PERSONAL INFORMATION

Name: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: (_____) _____ Date of birth: ____/____/____
day month year

Social Insurance Number: (for Accounting purposes) _____

B. EDUCATIONAL INFORMATION

Name of current Secondary School: _____

I am currently enrolled in a post-secondary school program: YES NO

If YES, name of program: _____

Name of Institution/School: _____

If NO, name of program to which you are applying:

Name of Institution/School: _____

Note: An outline of your program's curriculum as provided by the educational institution or school you will be/are attending must be included with your application.

C. BRIGADE INFORMATION

Name of current Brigade Unit
in which you are active: _____

Name of Officer-in-charge
of your Brigade Unit: _____

E. REFERENCES

PERSONAL

Name of personal reference
(not family member): _____

Address: _____

Province: _____ Postal Code: _____

Telephone: (_____) _____

BRIGADE

Name of Brigade reference
(Officer or Adult member): _____

Brigade Position: _____

Brigade Unit: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: (_____) _____

F. ESSAY

On a separate page, submit a 250 to 500-word essay which describes the “meaningful societal, family, and personal outcomes” that you expect will be achieved by taking your chosen program. Your essay must be typewritten and double spaced.

G. APPLICATION SUBMISSION

Applications to the *J. A. Albery St. John Ambulance Youth Bursary* must be received at the Provincial/Territorial Council by 15 March . Late applications will not be reviewed.

All applications must be submitted using the approved Application Form and include the required essay and other documentation specified (curriculum outline, proof of acceptance, transcripts, etc.). Applications that are incomplete will not be reviewed.

H. AUTHORIZATION

I believe the information submitted on this Form to be true and accurate and I authorize the Alberty Bursary Committee to contact those persons I have listed as "References".

Further, I understand that if I am successful in this Application, I will be required to submit documented proof of acceptance into my chosen program, if not already submitted.

OR

Further, I understand that as I am currently enrolled in a post-secondary school educational program, I must submit transcripts of my current academic standing along with this Application. (If transcripts are not available at the time of application, this must be noted under "Remarks" below. Include an indication of the date that they will be submitted).

Signature of
Applicant: _____

Date: _____

I. REMARKS

Use a separate page to make any comments, which may assist the Alberty Bursary Committee in reaching a decision regarding your Application. Letters of reference, although not mandatory, may be included in this section.