## **CO-OPERATION BURSARY**

## **Study Bursary Application form**

First name	Middle name		Family name	
Date of birth:/	<i>J</i>	Sex:	Male	Female
Address:Street / Ro	oute /Concession / P.	O. Box		
Town			Province	Postal code
Phone number: ()_	E	-mail:		
High school(s) attended:				
Name of parent or guard Address:				
Street / R	oute / Concession / P	P. O. Box		
Town			Province	Postal Code
Phone number: ()_				
Post-secondary schools a	and programs applied	for:		
1				
2				
2				

## **ACTIVITIES** In this section, please indicate the activities that demonstrate your leadership abilities, your co-operation skills, your social engagement and your community involvement. You may continue on the other side of the page.

I attest that the information contained in this application form and the documentation provided is true, exact and complete.

Signature:	Date:	

Please return application and letter of recommendation to Caisse populaire de la Vallée, 255 Main Street South, Alexandria ON KOC 1A0 to the attention of Céline Martin.