



EAGLE WEST CRANES BURSARY APPLICATION 2008

NAME: _____

ADDRESS: _____ CITY: _____ PCODE: _____

Phone: _____ Email: _____

Name of Relative who works at Eagle West: _____ Relationship: _____

Position: _____ Location: _____

SCHOOL (if presently attending): _____

SOCIAL INSURANCE NO.: _____

My Post Secondary Plans: Program: _____

Career: _____ Post Secondary Institution: _____

SHORT SUMMARY OF EXPENSES AND INCOME FOR YEAR ATTENDING:

<u>ESTIMATED EXPENSES</u>	<u>AMOUNT</u>	<u>ESTIMATED RESOURCES</u>	<u>AMOUNT</u>
Tuition Fees	\$ _____	Assistance from parents	\$ _____
Books & Supplies	\$ _____	Other	\$ _____
		(Bursaries/Scholarships secured)	\$ _____
Miscellaneous	\$ _____	Savings	\$ _____
Room & Board	\$ _____	Estimated student income	\$ _____
Transportation	\$ _____	Passport to Education	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

- | | | |
|--------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Agrologist | <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Political Sciences |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Professional Forester |
| <input type="checkbox"/> Biologist | <input type="checkbox"/> Geologist | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Holistic Medicine | <input type="checkbox"/> Teacher: Elementary,
Middle or Secondary |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Journalism | <input type="checkbox"/> Technical, or
Vocational School |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Law, including Criminal | <input type="checkbox"/> Veterinarian, or
Animal Medicine |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Mechanics | |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Medicine | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Nursing (R.N.) | |

***The undersigned verifies that they have read this application and certify that the information given in this application is correct.**

SIGNATURE OF APPLICANT: _____

Signing this application gives the Abbotsford Community Foundation permission to use your graduation (or other) photo in publications.

RETURN completed application to:
Abbotsford Community Foundation,
204-2890 Garden Street, Abbotsford, BC
V2T 4W7 Fax: 604-850-2527

For further information contact:
Debbie Magson, Executive Director
Abbotsford Community Foundation
Phone: 604-850-3755

APPLICATION DEADLINE: May 22, 2008