



THE GRAND LODGE OF ALBERTA
ANCIENT, FREE AND ACCEPTED MASONS



MASONIC HIGHER EDUCATION BURSARY
APPLICATION FORM

Both pages of this form must be submitted in DUPLICATE prior to February 1st

This bursary is available to **CANADIAN CITIZENS**, residing in the Province of Alberta and Northwest Territories. It is intended to assist students whose parents (or family) are in financial need and unable to finance post secondary education in the Province of Alberta or the Northwest Territories for a minimum two year program. Consideration will be given to attendance at institutions outside of the Province of Alberta or the Northwest Territories only if the course is unavailable within these two jurisdictions.

This award is made by a Committee of The Grand Lodge of Alberta, whose decision is final. By completing and submitting this application, the applicant may be subject to a financial audit and home visitation.

Completed applications, in **duplicate** must be received by the "Grand Secretary, The Grand Lodge of Alberta, 330 – 12 Avenue SW, Calgary, AB. T2R 0H2", **no later than February 1st**, to be considered for the following academic year. Applications must be accompanied by a current transcript or marks list (Grade 11). Interviews for Bursaries will be undertaken in March. A copy of the latest transcript or marks (Grade 12) must be made available to those conducting the interview at this time. Those who are advised that they have been accepted for a Bursary will be responsible for providing the committee with a **Certificate of Admission** from the education institution they wish to attend, before a cheque will be issued.

The receipt of this application **will only be acknowledged** if the applicant is in the group for final selection. This application will be retained on file for one year.

PLEASE PRINT

Last Name: _____ Full Given Names: _____

Address : _____
(it is your responsibility to inform us of any changes from that shown above)

City/Town: _____ Province/Territory: _____ Postal Code: _____

E-mail address (you must inform us of any change): _____

Phone No. () _____ Married: _____ Single: _____ S.I.N: _____

MAIL WE SEND TO YOU WILL REQUIRE AN IMMEDIATE REPLY.

PLEASE ARRANGE FOR SOMEONE TO EITHER OPEN OR FORWARD YOUR MAIL SHOULD YOU BE AWAY.

Date of Birth: _____ Place of Birth: _____
(mm – dd – yy)

Years of residence in AB / NT: ____ . If not born in Canada, date of citizenship: _____
(mm – dd – yy)

Name of High School where grade 12 attended: _____

Location of above High School: _____ Phone No. () _____

Institution to be attended: _____ Faculty: _____

Location of Institution: _____

Registering in the: first __ , second __ , third __ or fourth __ year of an undergraduate degree or diploma.

Which semester(s): _____

Are you the principal wage earner in household? Yes ___ , No ___ . If not, who is? _____

Is the principal wage earner in the household? Married: ___ , Single: ___ , Co-habiting: ___ .

Occupation of wage earner(s) in household? _____

(List all contributors to the family income)

Total **Net family** income: \$ _____

Canada Revenue Agency's Notice of Assessment or Income Tax and Benefit Return, for the preceding year, are to be made available at time of interview.

Names of family members dependent on net family income (if more room needed, attach separate sheet):

NAME (S)	RELATIONSHIP	AGE

Where do you plan to live while attending school? Home ___ Other ___ , _____

What is your estimated net income for this year? \$ _____

How much will your family assist you with during the year? \$ _____

Will you be receiving an Alexander Rutherford Scholarship? Yes ___ , No ___ . If yes, amount? \$ _____

Will you be receiving any other grant or scholarship? Yes ___ , No ___ . If yes, amount? \$ _____

If applying for a student loan, what is the amount? \$ _____

What is your estimated expenditure for the year? \$ _____

What are your reasons for making this application? _____

(If more space is required, attach separate sheet to application)

If you are a dependent named above, are any other members of your family attending post secondary educational facilities? Yes ___ , No ___ . If yes, how many? _____

I hereby certify that the answers given to the foregoing questions are complete and true in every respect.

Date: _____
(mm - dd - yy)

Signature of Applicant: _____

Both pages of this form must be submitted in DUPLICATE prior to February 1st