

## ED GIFFIN BURSARY AWARD

### APPLICATION FORM

#### PLEASE TELL US ABOUT YOURSELF

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

OFAH Membership Number: \_\_\_\_\_

Number of years you have been OFAH Member: \_\_\_\_\_

#### EDUCATION INSTITUTION:

Please attach a copy of your previous GPA ranking: \_\_\_\_\_

Educational institution you plan to attend: \_\_\_\_\_

Course of study and degree/diploma sought: \_\_\_\_\_

Anticipated start date: \_\_\_\_\_

*Please attach a copy of your acceptance letter:*

#### REFERENCE LETTER:

Please provide a reference letter from a previous employer or teacher.

#### APPLICATION ESSAY:

Please provide a 500-word essay on the importance of the program and your interest in field of study.

#### ACKNOWLEDGEMENT AND AUTHORIZATION:

I understand that the information submitted in this application will be used to assess my eligibility, for the OFAH ZONE F Ed Giffin Bursary. I certify that all of the information. provided on this application form and in all of the supporting documents is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_