



**Knights of Columbus
Father Delestre Council No. 6233
Continuing Education Bursary Application**

This bursary will be awarded to a deserving student who is continuing post secondary education in British Columbia and who can demonstrate need for financial assistance.

Applicant Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Birth Date: _____

Email: _____

Name of school currently attending: _____

Background Information

Parents name(s): _____

Current Church affiliation if any: _____

Parent or Family member who is currently a member of The Knights of Columbus (State members name, council name and number): _____

Proposed Program of Study

State the B.C. College or university you are planning to attend and the date of enrollment:

What course of study have you decided to follow? _____

Are you intending to attend on a full or part time basis? _____

Resources

What is your total projected income from all sources (gross income) in the twelve months prior to commencing your studies?

\$ _____

What is your total projected income from all sources (gross income) during the upcoming school year?

\$ _____

Do your studies require you to live away from home? _____

If yes please state if you will reside in school residence, with relatives, shared accommodations or other arrangements (please specify).

Do you own a vehicle for transportation to and from school? _____

If yes please provide make, model year and current market value. _____

Financial contributions

For the coming academic year, please estimate financial contributions from the following sources:

Your personal contribution \$ _____

Parents/Guardians \$ _____

Spouse/Partner \$ _____

Resources from other individuals \$ _____

Federal or Provincial Government \$ _____

Registered Educational Savings Plan \$ _____

Student Aid \$ _____

Other Scholarships/bursaries \$ _____

Other financial contributions (please specify) _____ \$ _____

Total \$ _____

Financial Need

Father's full name: _____

if deceased, state year: _____

Home address: _____

Employer/occupation: _____

Total annual gross income (all sources) \$ _____

Mother's full name: _____

if deceased, state year: _____

Home address: _____

Employer/occupation: _____

Total annual gross income (all sources) \$ _____

Do you have siblings and/or other dependents supported by your parents/guardians?

If yes, please state number: _____

How many are attending post-secondary education? _____

Do they reside at home? _____

Summary

In a short essay please give any information that will give the Knights of Columbus Father Delestre Council a clearer understanding of your needs to attain your goals. You may include any pertinent extracurricular activities or community programs you support. Please attach to the application form(s), (both hard copy and electronic).

Declaration

I declare that the information given and the statements made are true.

Signature of applicant: _____
(Signature is required only on hard copy.)

Date: _____

This form and the essay must be completed in full, both electronically and in hard copy.

- The hard copy form and essay, along with a copy of your current transcript must be mailed to:
**Knights of Columbus
Father Delestre Council #6233
Bursary Chair
125 Muir Road
Kelowna BC
V1X 2T2**
- An electronic fillable form is available upon request by emailing Paul Gabias at pgabias@gabiaswellness.com. For your application to be considered, an electronic version of your application form and essay must be emailed to pgabias@gabiaswellness.com.

Applications electronic and hard copy must be received no later than **April 30th**

Please be sure to include:

1. Completed application form
2. Your short essay mentioned above
3. Your most recent transcript available

Please note that all applications will be destroyed after bursary awards are decided.

Knights of Columbus