

# Knights of Columbus Father Delestre Council No. 6233 \$800 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 atter	nding:
<b>Background Information</b>	n
Parents name(s):	
Current Church affiliation if a	ny:
•	o is currently a member of The Knights of Columbus (State members name,
Proposed Program of St	udy
State the B.C. College or univ	ersity you are planning to attend and the date of enrollment:
What course of study have you	u decided to follow?
Are you intending to attend or	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 arrangements (please specify).	relatives, shared accommodations or other			
Do you own a vehicle for transportation to and from school?				
If yes please provide make, model year and current market va				
Financial contributions				
For the coming academic year, please estimate financial contribution	s 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 Requirements**

Please estimate your expenses for the coming school year. Applicants with dependents should include estimated expenses for the dependents during the school year. You may find some useful information on the web site of the institution you will be attending.

Tuition	\$
Other compulsory fees (i.e. Student, athletic)	\$
Textbooks and supplies	\$
Tools and equipment	\$
Other related expenses (please specify)	\$
Rent/mortgage/room and board: if living at home	\$
If living away from home	\$
Utilities	\$
Telephone	\$
Transportation: vehicle (fuel and parking)	\$
Bus pass	\$
Clothing	\$
Child care/elder care	\$
Food/household supplies	\$
Entertainment	\$
Other financial obligations (please specify)	\$
Other expenses (please specify)	\$
Total Expenses	\$

## **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 <u>only</u> 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 <a href="mailto:pgabias@gabiaswellness.com">pgabias@gabiaswellness.com</a>. For your application to be considered, an electronic version of your application form and essay must be emailed to <a href="mailto:pgabias@gabiaswellness.com">pgabias@gabiaswellness.com</a>.

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