



*We Would See Jesus*

## ***Bursary Application Form***

Bursaries for new and returning students are granted on the basis of financial need and availability of funds. These bursaries have been established so young women and men who have financial need might have the opportunity to attend LCBI

Bursaries are determined for early applications on June 3<sup>rd</sup>. Applications **MUST** be received before this date to be eligible. A small portion of bursary funds are reserved for allocation in August for students applying over the summer.

Should a student who has received a bursary withdraw for any reason, the bursary will be allocated on a pro-rated basis according to the time of attendance.

### **1. Applicants must complete this section. Please provide all information requested.**

Name of Student \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

List the activities in which you have participated during the past year:

Church related \_\_\_\_\_

Athletics \_\_\_\_\_

Music/Drama \_\_\_\_\_

Clubs/Organizations \_\_\_\_\_

List other interests and hobbies \_\_\_\_\_

### **2. To be completed by the parents, guardian or sponsor of the student.**

Parents' legal status:  Married  Separated  Divorced  Single

Father/guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's present employment income \_\_\_\_\_ Other income: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's present employment income: \_\_\_\_\_ Other income: \_\_\_\_\_

Total family gross income for previous year: \_\_\_\_\_

Number of dependents: \_\_\_\_\_



*We Would See Jesus*

Please give a brief statement to identify your financial needs.

---

---

---

---

---

Please indicate a dollar amount (annually or monthly) you feel you are able to provide toward LCBI fees through your personal sources of income. \$ \_\_\_\_\_ annually or \$ \_\_\_\_\_ monthly

***I declare that the information provided is correct and I fully understand the conditions should a bursary be granted.***

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

Signature of student: \_\_\_\_\_

Signature of father/guardian: \_\_\_\_\_

Signature of mother/guardian: \_\_\_\_\_

**A copy of last year's Canada Revenue Agency  
NOTICE OF ASSESSMENT  
MUST  
accompany the application for bursary assistance.**

**Bursary Funds are available through:**

Everet Thykeson Bursary Fund

Lake Park Bursary Fund

Jacob & Josephine Jacobson Memorial Fund

Myrtle Hansen Memorial Fund

Marie Nostbakken Memorial Fund

Valley of Hope Lutheran Church Bursary Fund

Rev. N.T.A. (Ted) Larson Memorial Fund

Hafor Svee Memorial Fund

Meredith W. Morton Memorial Fund

Edwin & Ana Torgunrud Memorial Fund

Friggstad Bursary Fund

Gustav & Hannah Tastad Memorial Fund

Efe Bedrich Memorial Fund

Alfred & Gertrude Knutson Memorial Fund

Marguerite Evenson Memorial Fund

Olena Brenna Heltand Memorial Fund

Beatrice Holmgren Memorial Fund

All completed applications should be submitted either:

In person at the LCBI Main Office

Email to [accountant@lcbi.sk.ca](mailto:accountant@lcbi.sk.ca)

Postmail to Box 459 Outlook, SK S0L 2N0