



*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 May 27<sup>th</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: \_\_\_\_\_



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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                | Don and Clara Hedlin Bursary Fund        |
| Lake Park Bursary Fund                      | Edwin & Ana Torgunrud Memorial Fund      |
| Friggstad Bursary Fund                      | Jacob & Josephine Jacobson Memorial Fund |
| Gustav & Hannah Tastad Memorial Fund        | Meredith W. Morton Memorial Fund         |
| Myrtle Hansen Memorial Fund                 | Efe Bedrich Memorial Fund                |
| Marie Nostbakken Memorial Fund              | Alfred & Gertrude Knutson Memorial Fund  |
| Valley of Hope Lutheran Church Bursary Fund | Marguerite Evenson Memorial Fund         |
| Rev. N.T.A. (Ted) Larson Memorial Fund      | Olena Brenna Heltand Memorial Fund       |
| Hafor Svee 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