

100 Eileen Stubbs Avenue Dartmouth, NS B3B 1Y6 Attention: Education Committee  Name of Applicant:  Last Name First Name Middle Initial  Address:  Street and Number City/Town Province Postal Co  Felephone: Home Work:  Institution Attending:
Last Name First Name Middle Initial  Address:  Street and Number City/Town Province Postal Co  Felephone: Home Work:
Address:  Street and Number City/Town Province Postal Co  Telephone: Home Work:
Street and Number City/Town Province Postal Co
Гelephone: Home Work:
nstitution Attending:
Full Time: Part Time
Degree/diploma you plan to attain:
Have you ever received a NSGEU bursary? Yes No
f so, when:
NSGEU Member's Name: Local Number:
Relationship to Applicant: Employer:



Annual Gross Household Ind	come (excluding dependent children):
Names of financial depende	nts at home or attending post-secondary institution?
	atements are complete to the best of my knowledge and hereby give erify any information given on this application.
Date:	Signature of Applicant:
Date:	Signature of NSGEU Member:
	***Please Note: ccessful applicants will receive notification of peing awarded a dependent bursary.***
FOR OFFICE USE ONLY:	
Information Complete:	Information Incomplete:
Award Given:	Amount:
Date:	Chairperson's Signature:

