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www.algonquinforestry.on.ca

Fax: (705) 789-3353

ALGONQUIN PARK FORESTRY BURSARY APPLICATION FORM

| Applicant's Name: | | |
|---|---|---|
| Telephone: | | |
| Mailing Address: | | |
| Email: | | |
| Date of Birth: | Yrs. of Secondary Ed: | Age in graduating year: |
| College/University (s) applied | I to or expected to attend and program: | |
| | | |
| | | |
| NOTE: • Students enrolled in | n forestry programs may also be eligib | le for ongoing financial support. |
| TO SUBMIT AN APPLICATION | <u>ON:</u> | |
| Include personal qualitiesAlgonquin Park, participRequest a transcript of your | e page explaining why you would be a good, financial need, academic achievement, pation in extracurricular activities, your triudur marks from your guidance department GUBMISSIONS IS 4:00 p.m. on FRIDAY, | your personal connection with umphs, goals and aspirations. It and include it with your application |
| Please forward information Canada Post Algonquin Forestry Authority 222 Main Street West Huntsville, ON P1H 1Y1 Or Email: cindi.sandiland@algon | | |
| • | Management in Algonquin Park No_ | Yes |
| Connection / relationship | | |

