



Cam Harvey Educational Bursary Application

Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	

West Carleton Minor Hockey Resume

Please indicate the team and level you played for the past 5 seasons.

Season	Team Name	Level Played	Head Coach
10/11			
09/10			
08/09			
07/08			
06/07			

Educational Background

Current School	
Street Address	
City, Prov., Postal Code	
Phone	
Current Grade Point Average	
School Contact	
Post-Secondary Institution(s) Applied for	
Area of Study	

Essay

Please state in 500 words or less why you should be the recipient of this bursary.

Community Volunteer Experience

Summarize your volunteer experience.

References

Reference Name #1	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	
Reference Name #2	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as the recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate removal of candidacy.

Name (printed)	
Signature	
Date	
