

# POST SECONDARY BURSARY

**DEADLINE APRIL 10, 2018**

We are so happy you would like to apply for a Bursary! We require a **personal written statement** of 500-800 words detailing a) **Is There a Connection between Mental Health and Peer Pressure?** OR b) **What is Mental Health?** As well, please fill out the form below to complete your application. **Don't forget to attach your 2 Letters of Reference, your resume, latest report card AND your Personal written statement before you submit your application.**

## APPLICANT INFORMATION

## PLEASE COMPLETE IN ENGLISH

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Email:

Phone:

Cell Phone:

PEN#/SIN#:

## EDUCATION PLAN

Post Secondary Institution(s):

Courses/Programs:

Latest Report:

 Attached?

Please describe your career plans:

High School:

Graduating Year:

2018

Resume:

 Attached?

## SCHOOL INVOLVEMENT

List activities, committees, sports that you are involved in at school.

## COMMUNITY INVOLVEMENT

List activities in the community, clubs, likes, volunteer opportunities, sports groups.

## PERSONAL

Please describe a short statement on how this bursary will propel you to your future interests and career.

## FINANCES

Please describe how your education will be funded (your savings, work income, RESPs, loans, other scholarships, family support, etc.), plus any circumstances the Community Mental Wellness Association of Canada should be aware of (elite athletics, disability, family support needs, etc.).

## PERSONAL STATEMENT

Attached?

## REFERENCE LETTERS

As part of your bursary application, we require that you submit **2 Letters of Reference**.

*Please attach as a Word or PDF file.*

Attached 2?

## DECLARATION

I confirm that this information is correct. Should I be successful in this bursary application, I agree to receive my bursary at a public fundraiser function hosted by Community Mental Wellness Association of Canada, the publication of my name, and the submission of this application constitutes a photo release.

I understand that the Community Mental Wellness Association of Canada may contact my School Counselor or Principal to verify the information in this application.

Counselor/Principal Name:

School Phone Number:

Signature: \_\_\_\_\_

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

Phone: 604-273-1791

250-5726 Minoru Blvd, Richmond, BC V6X 2A9

Fax: 604-273-1751

Email: [info@cmwac.ca](mailto:info@cmwac.ca)