**Donnie Nicholson Memorial Trades Bursary Fund Application Form**

The Bursary is open to anyone aged 18-29 residing in the North Thompson (Blue River- McLure) entering a post secondary institution for the trades and or technology.

A $1500 bursary will be awarded after proof of enrolment and satisfactory completion of the first half of the course. The application can be found below and must be submitted by August 31st 2023. The mailing address for the North Thompson Communities Foundation is Box 121, Clearwater, BC, V0E 1N0

**INSTRUCTIONS:**This application needs to be completed in full. Insufficient information and/or documentation may result in the application being denied.

**Enquiries to:**[ntcommunitiesfoundation@gmail.com](mailto:ntcommunitiesfoundation@gmail.com)**Attn: Grant Committee**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different)

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Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your intended area of study.

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What are your career goals?

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Please describe your recent work history.

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Provide an outline of financial considerations and challenges.

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Provide details of extra-curricular activities and community service.

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Please provide a brief outline demonstrating knowledge of the Foundation and its contribution to the North Thompson.

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**Send reference letters.**

I have emailed a minimum of two letters of reference to ntcommunitiesfoundation@gmail.com Attn: Grant Committee

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to the appropriate Selection Committee. I understand that if I receive a bursary the information I have provided may be subject to verification.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name