

# BURSARY APPLICATION FORM

Name of Student: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Student Contact Telephone Number: \_\_\_\_\_

Educational Course for which the Student is seeking Bursary: \_\_\_\_\_

\_\_\_\_\_

Academic year: \_\_\_\_\_

Name of Institute/University: \_\_\_\_\_

Date of Commencement at Institute/University: \_\_\_\_\_

## **Nominated by**

Member's Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Member's address: \_\_\_\_\_

Member's Relationship to Student: \_\_\_\_\_

Member's Contact Telephone number: \_\_\_\_\_

Member's Email: \_\_\_\_\_

Proof of acceptance onto the Student's chosen course must be provided with this Application Form (such as their CAO acceptance letter etc).

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## DECLARATION

I wish to be considered for CANA Credit Union Ltd's Bursary Award.

I have read, understood and agree to comply with the Terms and Conditions of the Bursary Award.

I certify that all information provided on this Bursary Application Form and any supporting documentation is correct to the best of my knowledge.

I agree to participate in any promotion regarding this Bursary.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Member

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Student

Parent/Guardian Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Application forms for the Bursary Award must be submitted no later than **4.00 pm on 8th September 2017.**

Please return the completed application form by post to "BURSARY" CANA Credit Union Ltd, 85/93 Lower Mount Street, Dublin 2 or by Fax to 01-6760803 or by email to [info@canacu.ie](mailto:info@canacu.ie)

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<sup>1</sup> If student is under 18 years of age.