

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).

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 Signature¹: _____ Date:

Application forms for the Bursary Award must be submitted no later than **4.00 pm on 6th September 2019.**

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

¹ If student is under 18 years of age.