

PINAWA FOUNDATION

Box 100, Pinawa MB R0E 1L0 www.pinawafoundation.org E-mail: info@pinawafoundation.org

Date Received:	
A1:	
Application #:	

SCHOLARSHIP / BURSARY APPLICATION FORM

PROJECT/COURSE TITLE	
Name of Applicant	
Educational Institution To Be Attended	
Name of Scholarship Fund	
Brief Description/Aim of Project/Course:	
_	
Contact: Name	
Mailing Address	
Email/telephone/fax	
Applicant signature	
Local teacher (if required) signature	
Cost of Project/Course for Year/Session \$ Amount of Grant requested \$	

When completed, mail this form with any required attachments to: PINAWA FOUNDATION P.O. Box 100, Pinawa, MB R0E 1L0