

Sid Bildfell Business Education Bursary

PERSONAL	INFORMATION	
Name:		
Address:		
City/Town:	Province:	
Postal Code:	Phone:	
Email:		
PROGRAM	OF STUDY	
Institution:		
Address:		
Program:		
	Completion Date:	
Certificate, D	iploma, Degree Expected:	
Which year of	f your proposed program of study will you be entering? $\Box 1^{st} \Box 2^{nd} \Box 3^{rd} \Box 4^{th}$	
You must submit confirmation of full-time enrollment. A letter or email indicating you are enrolled in classes for September of the current year is recommended.		
EDUCATIO	NAL HISTORY	
Institution:		
Program:		
	Completion Date:	
_		
Certificate, D	iploma, Degree Completed:	
CO-OPERA	TIVE INVOLVEMENT	
Are you involved with a credit union or co-operative organization? Yes No		

You must provide confirmation of involvement in a credit union or co-operative organization. A letter or email from the co-operative is recommended.



REFERENCE

Please provide refe	rence information below. Ask this person to supply a letter of reference by May 31, 2018.		
Name:			
Phone Number:	Email:		
Ensure that	the letter is current and is from an employer, educator or professional.		
FINANCIAL INF	ORMATION – Estimated expenses for one academic year		
Tuition:	\$		
Books & Supplies:	\$		
Housing:	\$		
Transportation:	\$		
Total Expenses:	\$		
	e living while in school?		
	paying for your education? Self/Savings \$ Loans \$ os/Bursaries \$ Other (please explain) \$		
3. What amount do	your parents plan to contribute to your education this year? \$		
1. What is your est	. What is your estimated gross income for this year? \$		
. What is your net worth? Total value of assets (vehicle, investments) less liabilities (loans) \$			
6. Are there any ot	Are there any other financial challenges you face that the selection committee should be aware of?		

ESSAY OR VIDEO

Please submit a 500 word essay OR a 2 minute video (.wmv, .mov or .avi format) that answers the following question:

What does it mean to you to be a member of a co-operative?

OTHER

Please let us know how you heard about this scholarship.



PRIVACY STATEMENT AND APPLICATION AGREEMENT

Personal information under the control of SaskCentral shall not, without the consent of the individual to whom it relates, be used by SaskCentral except: (a) for the purpose for which the information was obtained or compiled by SaskCentral; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) publication of name to SaskCentral's Board (c) publication of name and, at SaskCentral's discretion, biographical information in relation to this application in the media.

You further agree that the application and any related materials, in whatever format submitted, will become the property of SaskCentral for use in any manner it deems appropriate and as may be permitted by law. You will save SaskCentral harmless against any claim for loss, damages, injury to person or reputation that may result from SaskCentral's use or distribution of your application or any information contained therein.

I hereby certify that all information is accurate and can be verified upon request; and that I have not been a recipient of this bursary previously.

I hereby acknowledge and agree to the above privacy statements and use of my personal information by SaskCentral.

Signature of Applicant_____(Or of parent/guardian if applicant is not age of majority)

Date of Application_