

  
**The Carol Shantz Bursary Award**  
 APPLICATION FORM

In honour of Carol Shantz,  
 KidsAbility School Educator & Principal (retired June 2001)

Name: \_\_\_\_\_ Date of Birth: DD / MMM / YYYY

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Academic History: List in order the secondary schools and post-secondary institutions you have attended, including the one you now attend.

Name	Address	Year(s) Attended	Grade completed/Diploma

Name of post-secondary institution you plan to attend or are currently attending:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Course of Studies Planned: \_\_\_\_\_

Degree/Diploma sought: \_\_\_\_\_  Full-time  Part-time

