MRTA 2024 Bursary Award Application

			Date:	
Name:	Surname	Given N		Birthdate:
Postal	Code:	Pho	ne Number:_	
1.	Secondary School			
2.	Are you presently liv	ing at home?		
3.	Number of brothers/sisters, if applicable (include ages):			
4.	Name of Parent/Grandparent who is a MRTA member & school:			
5.	Are you presently wo	orking?		
	If so, full time	part time	numbe	r of hours per work:
	Do you have a summer job lined up?			
	If so, full time	part time	numbe	r of hours per work:
	Do you plan to work while attending post-secondary school?			
6.	What is your projected bank balance by August 31st of this year? \$			
7.	Future Plans – Please specify as appropriate.			
	Name of Post-Secondary Institution			Planned Areas of Study
	1			
	2			
	3			
8.	Estimated school exp	enses:		
	Tuition/books \$	Room & board	\$	Transportation \$
9.	Have you been awar	ded any other scholarship	or bursaries	?
10. 11.	Do you plan to apply for a student loan? Are there any special circumstances of which the MRTA selection committee should be aware? Please			
11.	attach a separate l			level of financial support available from your
12.	family. Please attach testimonials from two adults (e.g. Teachers) as to your financial need in terms of your bursary application.			
may be	e applicable. Submit a		dary School S	cedures and additional Support information that Scholarship representatives by the school es.
		Signati	ure of Studen	nt