PROFESSIONAL VEGETATION MANAGERS ASSOCIATION

PVMA Members Bursary Application Form

Student Information:

First Name | Middle Initial | Last Name

Date of Birth (mm/dd/yyyy) | Home Phone No. | Cell Phone No.

Street Address | City/Town | Province | Postal Code

Mailing Address (If different than above)

Institution Information:

University/College Name | Campus Location | Length of Program

Program Enrolled | Current Year of Study

PVMA Member Information:

First Name | Middle Initial | Last Name | Relationship

Address | City/Town | Province | Postal Code

Financial Need:

Marital Status: Single Married Other

Living Arrangement: With Family On Campus Roommate(s) ☐ With Spouse/Partner

Dependants: Yes No Under 18?: Yes No Dependant Age: _____

Employment during studies: None Full Time Part Time

If married, is your spouse currently working?: ☐ Yes ☐ No

Please List Any Extracurricular Activities:

Please submit completed application form and transcripts to the PVMA by **February 15, of each year**. Applications and attachments should be sent to: **info@pvma.ca**

Applicant Signature | PVMA Member Signature | Date

Once a winner has been chosen, submissions made by other applicants will be destroyed. Information protected by the PVMA Privacy of Information Policy available at www.pvma.ca