

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 differen	t than above)	
Institution Information:			
University/College Name	Campus Loc	ation	Length of Program
Program Enrolle	cd Current Year of Study		
PVMA Member Information:			·
First Name	Middle Initial		Last Name
Address	City/Town	Province	Postal Code
Financial Need:			
Marital Status: Single M	Married Other		
Living Arrangement: With Family On Campus Roomate(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 w		No	
Please List Any Extracurricular Activities:			
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Please submit the completed applicat	ion form and proof of enroll	ment to the PVMA	by October 31st. Applications
	and attachments may be		-
Neil Thiessen PVM	IA Executive Director- Box	x 5468 Leduc, Albe	erta T9E 6L7
Applicant Signature	PVMA Member	Signature	Date
Once a winner has been chosen, submissions made by	y other applicants will be destroyed.Information prot	ected by the PVMA Privacy of Infor	rmation Policy available at www.pvma.ca