

SVRSS BURSARIES AND SCHOLARSHIPS APPLICATION

This application serves for most bursaries and scholarships managed by the SVRSS Awards Committee and presented during the Graduation Ceremony. Please note that the submission of an application does not guarantee the receipt of a scholarship or bursary.

PLEASE PRINT all requested information. Return the completed application and attach copies of "Letters of Acceptance" or "Conditional Acceptance" to Ms. Barabash by MAY 15, 2026.

First Name: _____ Last Name: _____
Mailing Address: _____
Town: _____ Postal Code: _____
Date of Birth: _____
Social Insurance Number: _____
Personal Email (not svsd): _____
Cell Phone Number: _____

Father's / Guardian's Name: _____
Occupation: _____
Mother's / Guardian's Name: _____
Occupation: _____
Number of children in your family, excluding yourself: At home: _____ At post-secondary school: _____

Check one of the following and provide the information requested:

_____ I plan to attend a post-secondary educational institution in the fall of 2026.
Name of institution: _____
Faculty or Program: _____

_____ I plan to defer my post-secondary education for one year. I plan to attend a post-secondary educational institution in the fall of 2026.
Name of institution: _____
Faculty or Program: _____

_____ I plan to continue with my Apprenticeship when I am eligible for my next level.

_____ I have not yet decided on my plan for post-secondary education.

***If your program of study is not direct-entry (eg. Pre-Nursing), please indicate which program you hope to enter upon completion of requirements.**

What is your career goal? _____

Do you give consent for Ms. Barabash to share your contact information (i.e. email/cell phone number) to employers that may be interested in hiring you based on your career plans? Yes No

