

LESLIE WOODWARD MEMORIAL BURSARY - APPLICATION FORM

Student's Name

(Surname)

(First)

(Middle)

Date of Birth _____ Address _____ Telephone _____
D/M/Y

Names of Schools Attended _____

Marks obtained in Graduating Year

<u>Subject</u>	<u>Mark</u>	<u>Subject</u>	<u>Mark</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Number of children in family (younger than yourself) _____

Father's Occupation _____ Mother's Occupation _____

Parents' combined annual income _____

Name of School of Nursing or Hospital which you will be attending

Proof of Acceptance at the Hospital or School of Nursing you will be attending

(this will be returned to you)

Have you received any other Scholarships or Bursaries? _____

Amount if any _____

Name and address of two references (not family)

Home Parish _____ Address _____

Date _____ Signature of Applicant _____
D/M/Y