## St. Patrick's Society Richmond and Vicinity Bursary

## **Application Form**

The St. Patrick's Society Richmond and Vicinity is offering a bursary of \$100 to a student graduating from Richmond Regional High School and planning to continue his/her education in the following year.

The bursary will be given based on one or more of the following criteria:

- 1. The graduate has been a volunteer for the St. Patrick's Society.
- 2. The graduate is a member of the St. Patrick's Society.
- 3. The graduate is a descendant of a family member of the St. Patrick's Society.
- 4. The graduate is a past member of the Richmond Irish Dancers

| Name:                                    |             |
|--|-------------|
| Date of Birth:                           |             |
| Address:                                 |             |
| Telephone Number:                        |             |
| Father's Name:                           | Occupation: |
| Mother's Name:                           | Occupation: |
| Brothers and Sisters (Age/Occupation):   |             |
| _  |             |
| _  |             |
| Name of Teacher or Principal for Referen | ce:         |
| College/School you wish to attend:       | Duration:   |
| Course you plan to take:                 |             |
| Have you been accepted? (Yes/No):        |             |
| Your ultimate career plans:              |             |

| Did you work last summer? (Yes/No):                                    |                    |  |
|--|--------------------|--|
| If yes, doing what?:   |                    |  |
| Have you ever volunteered for the St. Patrick's Society? (Yes/No       |                    |  |
| Are you a member of the St. Patrick's Society? (Yes/No):               |                    |  |
| Are you a Descendant of a family member of the St. Patrick's So whom): | ciety? (if ves. of |  |
| Are you a past member of the Richmond Irish Dancers? (Yes/No):         |                    |  |
|  |                    |  |
|  |                    |  |
| Signature of Student:  | Date:              |  |
|  |                    |  |
| Signature of Parents:  | Date:              |  |
|  | Date:              |  |

Please return this form by May 1<sup>st</sup> to: Ms. Julie O'Donnell

220 rue Principale N

Richmond, Quebec

**JOB 2H0**