

GRADUATION BURSARY APPLICATION FORM

On behalf of Peel Children's Aid Foundation and Peel Childrens' Aid, **CONGRATULATIONS** on this milestone in your life.

Please complete the information below and see next steps at the bottom of this form.

| First Name: | | | Last Name: |
|---|--------------|-----------------------|----------------------------|
| Age: | | | |
| Phone Number: | | | Email: |
| Program Name: | | | Graduation Date: |
| Are you continuing your education next year? (College, University, Certificate Program, Trades Program, etc) | | | |
| YES | NO | | |
| If YES, which prog Program Name: | ram and scho | ol are you planning t | co attend? School Name: |
| How do you feel about Graduating from your program? What impact do you think it will have on your life? | | | |
| Are you interested in volunteering or being a guest speaker at the Trailblazers Youth Centre for youth that share similar interests or goals? | | | |
| YES! | NO | MAYBE, I woul | d like to hear more. |
| Your Signature: | | | Date: |
| Graduation Bursary Application Checklist | | | |
| Email the 3 items below to bursary@peelcas.org to complete your application. | | | |

DID YOU KNOW?

1. Completed bursary application (this form)

3. A copy of your direct deposit banking information

2. A copy of your Diploma/Degree

If you return to school for any reason (change career paths, upgrade skills through courses/certificate programs, etc) you can apply for a bursary until you are 29 years old.