Children's Aid Foundation
of the District of Thunder Bay

1110 Jade Court
Thunder Bay, ON P7B 6M7
Phone: (807) 343-6100
Fax: (807) 343-1310
Email: Foundation@thunderbaycas.ca

Post Secondary Bursary Application

Name: _____

Address: _____

City:_____Province:_____ Postal Code: _____

Home Phone:_____Cell Phone:_____Work Phone: _____

Email Address: _____

Date of Birth_____(Month/Day/Year) Age:_____

Current or Former Worker's Name:_____

Eligibility: Persons who, on their 18th birthday, had Crown Ward status with the Children's Aid Society of the District of Thunder Bay and are now 21 years of age or older; and enrolled on a full-time basis in a post secondary school, skills training program, or program for furthering their education in some manner.

1. How will the Post Secondary Bursary assist you in attaining your goals? Please include why you should be chosen for the Bursary and how you would benefit from receiving this bursary.

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Signature

(If you additional space, please feel free to add more pages.)