



**Municipality of Yarmouth Bursary
Application**

Please select your application type: Community College/Trade/Technical School Program
 University Program

Full Name: _____

Address: _____

Name of Parents/Guardians: _____

*Municipality of Yarmouth Assessment Account Number: _____

Phone #: _____ Name of Program: _____

Name of Trade School / Technical School / Community College / University you plan to attend:

Financial

Please check the sources of financing that you will be using to fund education:

- Parents/Guardian Bursaries/Scholarships Student Loans
 Other, Please Specify _____

Attachments:

- 150-word essay describing how this bursary will impact your access to post-secondary education
 Resume
 Confirmation from school administration the applicant is on track to receive Grade 12 diploma

Please return your completed application form by **April 30th** to:

Municipality of the District of Yarmouth
932 Highway 1, Hebron NS B5A 5Z5

*If student does not live within the Municipality of the District of Yarmouth but a parent is a residential rate payer for a property within the Municipality, please provide the Assessment Account Number from the tax bill for that property.