CHARLES F. SWEENY MEMORIAL BURSARY

BURSARY INFORMATION

| | Applicants Name : | | |
|---|--------------------------|---|--|
| | Mailing / Civic Address: | | |
| M | Attending High School: | Bridgewater High School New Germany Rural High School Parkview Education Centre | |
| | Future Plans : | Are you atten Yes | ding a Post Secondary Institution to further your education Name of Institution / University / College: |
| | | | Program / Degree: |
| | | No, I'm entering the workforce | |

On an additional sheet, please provide a written article explaining your past or current situation or conditions you derive from and why you feel it is important for you to receive the <u>Charles F. Sweeny Memorial Bursary</u>.

(Please refer to the bursary explanation)

Forward this application form and your written article to our main office for the consideration of this bursary.

Sweeny's Funeral Home C.F. Sweeny Memorial Bursary P.O. Box 248 – 51 Phoenix Street, Bridgewater, Nova Scotia B4V 2W9

