Ontario Horticultural Association District 12 Bursary Bursary Application Form

Name:							
Address:							
Telephone:			Email:				
Educational Ba	ckground:						
School	Name & Addres	ss	Attended from	Attended until	Graduated (Yes or No)	Courses or Major	
High School							
College							
University							
Other							
Future Educati							
Address:	_						
Course of Study:							
Length of Course:							
Acceptance Confi	rmed:	/ES: _			NO:		
Degree or Certifica	ate:						
Signature:					Date:		
Application: 1. Closes June 2. Must be com	plete						
	e letter from Application lett	-			d for award		
Complete Appl	ication may be su	bmitted as	follows:				

Bursary Committee, Att: Virginia Montminy

Box 209, Englehart, ON P0J 1H0

clerk@evanturel.com

Canada Post:

Email: