



UNIVERSITY OF SASKATCHEWAN

COMMUNITY MUSIC EDUCATION PROGRAM BURSARY APPLICATION FOR FINANCIAL AID

Bursaries will be determined upon the number of siblings registered in the program and family financial need. Please note: bursary funding is limited. TO GUARANTEE A PLACE IN THE PROGRAM - YOU MUST ENROL IN THE CLASS(ES) AND INCLUDE ALL FEES BY THE PAYMENT OF YOUR CHOICE. If a bursary is granted, the amount of refund will be calculated and reimbursed to the applicant by the end of September.

**BURSARY APPLICATION DUE DATE: SEPTEMBER 11, 2009.**

Please complete both sides. IDENTIFY CLASS DATES AND TIMES FOR THE YEAR FOR WHICH YOU REQUIRE THE BURSARY, NOT THE CURRENT YEAR. MAIL FORM TO: CMEP BURSARY, Centre for Continuing & Distance Education, University of Saskatchewan, Room 484, Williams Building, 221 Cumberland Avenue, Saskatoon, SK, S7N 1M3.

Date Application Received: (office use only) \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Class Day(s) & Time \_\_\_\_\_ / \_\_\_\_\_ Teacher \_\_\_\_\_  
day(s) time

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ PC \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Siblings in the Program:

1. Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Class Day & Time \_\_\_\_\_ Teacher \_\_\_\_\_

2. Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Class Day & Time \_\_\_\_\_ Teacher \_\_\_\_\_

Please indicate your method of payment:

post-dated cheques cheque VISA MasterCard American Express Cash

\*Total cost for all instruction in the Community Music Education Program(s): \$ \_\_\_\_\_

\*Yearly Income (mandatory for consideration): \$ \_\_\_\_\_

Please fill in the reverse →

