



**Women's Leadership Council**  
United Way of Chatham-Kent

P. O. Box 606  
Chatham, ON N7M 5K8  
Telephone: 519-354-0430

*The Power of Women to Change Lives*

**BURSARY APPLICATION FORM**  
Year: 2010-2011

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

How did you hear about this WLC Grant? \_\_\_\_\_

Educational Plans for the Future:

Name of Post-Secondary Institution you will be attending: \_\_\_\_\_

Program/Degree sought: \_\_\_\_\_

Area of Study/Specialization: \_\_\_\_\_ Program Year: \_\_\_\_\_

Professional Goal:

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Secondary School Education:

High School attended: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Employment History:

Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Volunteer Activities: (give details of any volunteer activities you have completed)

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Clubs/Activities: (list any clubs/sports/events that you participated in)

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How would this Women's Leadership Council Bursary help you achieve your post-secondary educational goals?

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What other sources of financial support have you sought?

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advocate (if applicable)

\_\_\_\_\_  
Date

*NOTE: Before receipt of Bursary Funds, proof of enrolment will be required by the Women's Leadership Council Grants Committee.*



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