

**CEP/HESU BURSARY APPLICATION DATE**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year / Month / Day

Name of CEP/HESU member	
Name of student	
Relationship to member	
Address	
Phone # of student	

**Course Commencement Date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year / Month / Day

Name of institution	
Address of institution	
Phone # of institution	
Program enrolled in:	
	1st yr   2nd yr   3rd yr   4th yr   5th yr   Other
Tuition paid	\$
Books/equipment paid	\$
Total paid (attach receipts)	\$

**For Bursary Committee use only**

Amount paid to student	\$
Signatures	
Date Issued:	____ / ____ / ____ Year / Month / Day

**RECEIPTS MUST BE ATTACHED**