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## **Walker Wood Foundation Bursary Application Form**

Registrar's Office Halifax NS B3M 2J6 (902) 457-6351 FAX (902) 457-6498 financial.aid@msvu.ca

The Walker Wood Foundation Bursary is awarded to fulltime female students entering any program at Mount Saint Vincent University. Applicants must be a Canadian citizen and maintain good academic standing. Preference will be given to students who are the first generation in their family to attend university. This bursary is renewable for an additional three years provided the student maintains good academic standing and demonstrates financial need.

| Student ID#  | Last Name                      | First Name(s)         |                                |                     |
|--|--------------------------------|-----------------------|--------------------------------|---------------------|
| Student ID#  | Last Name                      | riist Name(s)         |                                |                     |
| Permanent Address Information  |                                | Town/City             | Province                       | Postal Code         |
| Local Address Informat   | tion (if different from above) | Town/City             | Province                       | Postal Code         |
| ()   | ()_                            |                       |                                |                     |
| Home Phone Number Other Phone Num  |                                | er Mo                 | unt Email Address              |                     |
| Program of Study   |                                |                       |                                |                     |
| <ul> <li>Completed 2024-20 needs to be submit</li> <li>Application Deadline: J</li> <li>Return your completed</li> </ul> | une 10                         | n (if you are applyin | ng to more than one bursary, t | he application only |
| Registrar's Office, Fina<br>Evaristus Hall, Room 2<br>Mount Saint Vincent U<br>Halifax, NS B3M 2J6                       | ncial Aid<br>07                |                       |                                |                     |
| OR   |                                |                       |                                |                     |
| financial.aid@msvu.ca  |                                |                       |                                |                     |
|  |                                |                       |                                |                     |
| <br>Date   |                                | <br>Stude             | ent Signature                  |                     |