

# CONTINUING EDUCATION BURSARY APPLICATION



**ENYO Pest Advisors**

Chatham, Ontario

226.627.4944

Please -PRINT or TYPE-

## Contact Information

Full Name:

Ontario Address:

Email:

Phone:

Date of Birth:  
(DD/MM/YYYY)

## Education Information

Institution:

Address:

Phone & Email Contact:

## Enrollment Information

Program Name,  
Level (Diploma,  
Certificate, etc.):

Program Start  
& End Dates:

## Previous Education

Institution:

Year:

Accreditation:

## Financial Review

Select ALL Applicable Statements

☐

I am receiving OSAP

☐

I have dependants

☐

I will work during my  
enrollment

☐

I am relying on my family to pay for  
school

☐

I do not know how I am paying  
for school

☐

I am receiving other grants, bursaries  
or scholarships

# CONTINUING EDUCATION BURSARY APPLICATION



**ENYO Pest Advisors**

Chatham, Ontario

226.627.4944

**Please PRINT clearly**

## Checklist of Mandatory Attachments

- |  |   |
|--|---|
| <input type="checkbox"/> Resume/CV   | <input type="checkbox"/> Driver's License/ Passport   |
| <input type="checkbox"/> Previous Accreditation or Proof of Enrollment               | <input type="checkbox"/> Proof of Residency<br>(Utility Bill Screenshots Accepted)                    |
| <input type="checkbox"/> Current Proof of Enrollment/ Acceptance<br>(Must Show Name) | <input type="checkbox"/> <b>Optional: Supporting Documents for Financial Need (Tax returns, etc.)</b> |

**Briefly describe your financial circumstances  
that make this bursary important to you (300 words max):**

**Personal Statement (Attach separately; no word cap); Please answer:**

**Why are you pursuing this continuing education program?**

**How will this bursary help you achieve your goals?**