

From: _____ To: _____ Diploma: _____

Post-Secondary Course Information

College/
School: _____ Address: _____

Course/
Field of
Study: _____ Course
Length: _____

First year of study
underway? YES NO

Please outline what your costs will be for this program (include all associated costs such as tuition, books, parking/transportation etc.):

Have you applied for/received any other scholarships or financial help towards this program? If so, please describe including amounts already received or awarded:

Tell us about your plans. What are you hoping this course of study will do for you in the future? (You may also include a brief 2-3 minute video with this application if desired).

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that should I be awarded the Jane Sleep Bursary, I give my express permission to Jennifer Ashleigh Children's Charity to share my story and/or image on their website, social media channels, newsletter, etc.

I understand that false or misleading information in my application may require repayment of any bursary amount being awarded.

Signature: _____ Date: _____