



THE GRAND LODGE OF ALBERTA
ANCIENT, FREE AND ACCEPTED MASONS



LAURAINE DOUCHET MASONIC BURSARY
FOR PHARMACY AND MEDICINE
APPLICATION FORM

Both pages of this form must be submitted in DUPLICATE prior to February 1st

This bursary is available to **CANADIAN CITIZENS**, residing in the Province of Alberta and Northwest Territories. It is intended to assist students whose parents (or family) are in financial need and unable to finance post secondary education in Pharmacy and/or Medicine in the Province of Alberta.

This award, in the name and memory of **Lauraine Douchet**, is made by a Committee of The Grand Lodge of Alberta, whose decision is final. By completing and submitting this application together with a 500 word typed essay on why you wish to study pharmacy or medicine, the applicant may be subject to a financial audit and home visitation.

Completed applications, in **duplicate**, together with your 500 word typed essay must be received by the "Grand Secretary, The Grand Lodge of Alberta, 330 - 12 Avenue SW, Calgary, AB. T2R 0H2", **no later than February 1st**, to be considered for the following academic year. A copy of the latest transcript of marks must be made available to those conducting the interview. Those who are advised that they have been accepted for a **Lauraine Douchet Bursary** will be responsible for providing the committee with a Certificate of Admission from the education institution they wish to attend, before a cheque will be issued.

The receipt of this application will only be acknowledged if the applicant is selected for an interview. The application will be retained on file for one year.

PLEASE PRINT

Last Name: _____ Full Given Names: _____

Address: _____

City/Town: _____ Province/Territory: _____ Postal Code: _____

Telephone No. (_____) _____ E-mail address: _____

Married: _____ Single: _____ S.I.N. _____

(it is your responsibility to inform us of any changes to that shown above)

MAIL WE SEND TO YOU WILL REQUIRE AN IMMEDIATE REPLY.

PLEASE ARRANGE FOR SOMEONE TO EITHER OPEN OR FORWARD YOUR MAIL SHOULD YOU BE AWAY.

Date of Birth: _____ Place of Birth: _____
(mm - dd - yyyy)

Years of residence in AB / NT: _____ If not born in Canada, date of Citizenship: _____
(mm - dd - yyyy)

Current level of education and name of institution:

Grade 12: _____

Bachelors Degree: _____

Area of Study Pharmacy: Yes No
Medicine: Yes No

Institution attending: _____

Institution address: _____

Registering in the: _____ year. Which semester(s): _____

Are you the principal wage earner in household? Yes No If not, who is? _____

Is the principal wage earner in the household? Married Single Co-habiting

Occupation of wage earner(s) in household? _____

(List all contributors to the family income)

Total **Net** family income: \$ _____

Canada Revenue Agency's Notice of Assessment or Income Tax and Benefit Return, for the preceding year, are to be made available at time of interview.

Names of family members dependent on net family income (if more room needed, attach separate sheet):

NAME (S)	RELATIONSHIP	AGE

Where do you plan to live while attending school? Home Other _____

What is your estimated net income for this year? \$ _____

How much will your family assist you with during the year? \$ _____

Will you be receiving an Alexander Rutherford Scholarship? Yes No If yes, amount? \$ _____

Will you be receiving any other grant or scholarship? Yes No If yes, amount? \$ _____

If applying for a student loan, what is the amount? \$ _____

What is your estimated expenditure for the year? \$ _____

What are your reasons for making this application? _____

(If more space is required, attach separate sheet to application)

If you are a dependent named above, are any other members of your family attending post secondary educational facilities?

Yes No If yes, how many? _____

I hereby certify that the answers given to the foregoing questions are complete and true in every respect.

Date: _____
(mm - dd - yyyy)

Signature of Applicant: _____

Both pages of this form together with your 500 word essay must be submitted in DUPLICATE prior to February 1st