



Bursary Application (for Diaconal Students)

Name: _____
First Middle/Former Last/Family Suffix

II. Personal Information

Current Mailing Address: _____
Street Address

City/Town State/Province/Country Zip/Postal Code

Home Phone: _____ Cell/Other Phone: _____

E-mail Address: _____

III. Church Information

Home Parish: _____ Diocese: _____

Parish Priest: _____

Signature

Date

IV. Course Completion - *to be completed by the registrar*

Number of courses completed to date: _____

Grade average: _____

Has the student received a bursary from the SAI within the past year? *Yes*___ *No*___

Amount eligible at this time: _____

Amount granted at this time: _____