

*North Wellington*

CO-OPERATIVE SERVICES INC. Est. 1944



HARRISTON • DURHAM • HANOVER • MOUNT FOREST

Head Office

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**Gerald Raby Memorial Bursary  
APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Member(s) of NWC)

Describe your plans for post secondary education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief outline of the profession or trade you plan to enter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly list your involvement and achievements in your community & extra-curricular activities (i.e. sports, 4-H, charities etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURHAM**  
(519) 369-2415  
FAX: (519) 369-6383

**HANOVER**  
(519) 364-4777  
FAX: (519) 364-7128

**MOUNT FOREST**  
(519) 323-1271  
FAX: (519) 323-3438

List your work experience:

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Other comments you may wish to make about yourself as a worthy candidate: (attach a separate page if required)

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Recommendation of a teacher selected by the applicant: (attach a separate page if required)

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

The North Wellington Co-operative Services Inc. Board Members have my permission to seek further information (if necessary) from my secondary school regarding this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please include with this application:*

- a) a complete transcript of all marks for all courses taken in high school.
- b) a copy of your letter of acceptance from the post secondary institution you will be attending.