



Twin Oaks/Birches
Health Care Charitable Foundation
P.O. Box 186
Musquodoboit Harbour, NS, Canada
B0J 2L0

Harland Dooks Memorial Bursary

Presented by

Twin Oaks / Birches Health Care Charitable Foundation

Student Application

Name and Address of Applicant.

Dear Committee

I wish to make an application for the Harland Dooks Memorial Bursary, and I enclose the following in support of my application:

1. Appendix 'A' completed by my Principal/Guidance Counsellor.
2. Written confirmation of volunteer work for Twin Oaks / The Birches Health Care Facilities.
3. Acceptance letter from the post-secondary institution which I will be attending.
4. I have received bursaries from other sources totalling \$_____

Or (please delete one)

I have received no other bursaries or scholarships.

Date: _____

Signature of Applicant: _____

Deadline: Application must be received by the Foundation no later than May 30th

Send your form to: Bursary Selection Committee, Twin Oaks/Birches Health Care Charitable Foundation, 500 West Petpeswick Rd, Musquodoboit Harbour, NS, B0J 2L0