



# PROVIDENCE

Application Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

## ALUMNI REFERRAL BURSARY

This bursary is available to students who have been referred to Providence University College and Theological Seminary by an alumni of any program at Providence. Four \$500 bursaries are available to Seminary students and 15 to University College students. An extra \$250 will be awarded should the student choose to live in residence while at Providence.

In order to receive the bursary, students must meet the following criteria:

- Bursary application must be completed by an alumnus on behalf of the student prior to the student's application to Providence. *Please note, this does not constitute a student's formal application to the school.* The student's formal application to Providence University College or Providence Theological Seminary must follow.
- Students who attend the University College must be enrolled in no less than 24 credit hours over the fall and winter semesters.
- Students who attend the Seminary must be enrolled in no less than 18 credit hours over the fall, winter, and summer semesters.
- Prospective students on whose behalf the application is being submitted must meet the criteria for enrollment.

*Recipients who meet the above requirements will be awarded the amount they are eligible for in the second semester of their program.*

Alumni Information	
Name:	
Student Number:	
Address:	
City/Town:	
Province/State:	
Country:	
Postal/Zip Code:	
Phone:	
Email Address:	

Prospective Student Information	
Name:	
Student Number:	
Address:	
City/Town:	



10 College Crescent  
Otterburne, MB R0A 1G0  
1.800.668.7768  
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# PROVIDENCE

Province/State:	
Country:	
Postal/Zip Code:	
Phone:	
Email Address:	
Expected Entrance Term:	Fall Term Year: _____ Winter Term Year: _____
High School:	

## Recommendation

Please briefly outline why you are recommending this student to receive the Alumni Referral Bursary:

By submitting this application, I agree to allow my name and picture to be used by Providence for publicity purposes. I acknowledge that it is an accurate representation of the student on whose behalf I am submitting the bursary form and would recommend them as a student fit to attend Providence University College and Theological Seminary.

I Consent/Agree

*This application will be considered only after a formal application to Providence University College or Providence Theological Seminary has been received.*

Please fill this form out and email it to our Financial Aid Officer [financialaid@prov.ca](mailto:financialaid@prov.ca) or mail it to:

**PROVIDENCE**  
10 College Crescent  
Otterburne, MB  
ROA 1G0

## FOR OFFICE USE ONLY

Date Received:	
Signature:	



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