

## Alumni Referral Bursary

Date (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

This bursary is available to students who have been referred to Providence University College and Theological Seminary by an alumnus of any program at Providence. Yearly, there are 4 bursaries available for the Seminary and 15 for the University College.

This bursary awards \$500 towards tuition, with an additional \$250 towards Providence residence fees if applicable. This bursary is awarded in the Winter semester.

To receive the bursary, students must meet the following criteria:

- Application submitted by an alumnus prior to the student's application to Providence
- University College: remain enrolled in >24 credit hours spanning Fall & Winter
- Seminary: remain enrolled >18 credit hours spanning Fall & Winter

### Alumnus Information

First Name - Legal: \_\_\_\_\_

Student ID #: \_\_\_\_\_

First Name - Preferred: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Last Name - Current: \_\_\_\_\_

School: ☐ University ☐ Seminary

Last Name - Former: \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

### Student Information

First Name - Legal: \_\_\_\_\_

Student ID #: \_\_\_\_\_

First Name - Preferred: \_\_\_\_\_

Entrance Year: \_\_\_\_\_

Last Name - Current: \_\_\_\_\_

School: ☐ University ☐ Seminary

Last Name - Former: \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

### Recommendation

Briefly outline why you are recommending this student (more room on second side):

### Providence University College & Theological Seminary

10 College Crescent, Otterburne, MB R0A 1G0  
1.800.668.7768 | info@prov.ca



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*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**

Please email completed form to [financialaid@prov.ca](mailto:financialaid@prov.ca) or mail it to:

**Providence Financial Aid**

10 College Crescent  
Otterburne, MB  
R0A 1G0

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: ☐ \$500 Tuition  
☐ \$250 Residence  
☐ No

**Providence University College & Theological Seminary**

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