

**Augustana Students' Association Lone Parent Bursary
Application Form**

The ASA is pleased to provide bursaries for single parents to assist with their costs of post-secondary education. Please provide as much detail as possible so the committee can make an informed decision.

Name: _____

Phone number: _____

Email: _____

Number of Dependents: _____

Age of Dependents: _____

Full or Part time student: _____

Program of study: _____

Please describe your current living situation. _____

What is your rationale for applying for this bursary?
