

MAUREEN WOODS EDUCATION BURSARY APPLICATION FORM

NA	ME:	TELEPHONE: ()	
AD	DRESS:	CITY:	
PR	OVINCE:	POSTAL CODE:	
PH	ONE/FAX: ()	EMAIL:	
PEI	RMANENT MAILING ADDRE	ESS (IF DFFERENT):	
CIT	TIZENSHIP:		
	CANADIAN		
	LANDED IMMIGRANT		
	OTHER (please specify):		
PRC Tran	scripts are not required bu	ENT (Name of Institution from which it will be sent) it may be submitted as an indication of the applicant'd they should be sent directly from the institution.	s ability to complete
EM	IPLOYMENT EXPERIENCE:		
	RESUME		
	LETTER OF APPLICATION		
LE	TTERS OF REFERENCES W	ILL BE PROVIDED BY: (To be sent directly to the SLA	office)
	PROFESSIONAL/EMPLOYN	MENT .	
	Name:		
		E-mail:	
	ACADEMIC		
	Name:		
		E-mail:	

Please email documents to: slaexdir@sasktel.net or mail to: Executive Director, #10-2010 7th Ave. Regina, SK S4R 1C2

