



Applicant Information:

Full Name		S.I.N.		Date of Birth	Dependants	Marital Status
Present Address			Postal Code		Rent/Own \$	No. Of Years
Home Phone:		Cellular:		Email:		
Current Employer		Years	Gross Annual Income		Occupation	
Other Income						
School/College/University:				Grade/Year:		

Spouse Information (if applicable):

Full Name		S.I.N.		Date of Birth	Dependants	Marital Status
Present Address			Postal Code		Rent/Own \$	No. Of Years
Home Phone:		Cellular:		Email:		
Current Employer		Years	Gross Annual Income		Occupation	
Other Income						
School/College/University:				Grade/Year:		

Parents' Information

Full Name		S.I.N.		Date of Birth	Dependants	Marital Status
Present Address			Postal Code		Rent/Own \$	No. Of Years
Home Phone:		Cellular:		Email:		
Current Employer		Years	Gross Annual Income		Occupation	
Other Income						
Full Name		S.I.N.		Date of Birth	Dependants	Marital Status
Present Address			Postal Code		Rent/Own \$	No. Of Years
Home Phone:		Cellular:		Email:		
Current Employer		Years	Gross Annual Income		Occupation	
Other Income						

I/We warrant and confirm that the information given in the application form is true and correct and I/We understand that it is being used to determine my/our eligibility for the Bursary Program.. I/We authorize Aldridge Wealth Management and I Can, We Can! Incorporated to obtain and/or exchange personal information with any agent towards establishing or verifying my/our financial standing. You are furthermore authorized to disclose, in response to direct enquiries from any other organization, and I agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain the application whether or not the relative application is approved.

Signature:
Signature (Legal Guardian if under 18 years of age):

Date:
Date: