



### **Geisel-Finney Future Fund Award**

This fund was created by the Geisel-Finney Family to support residents of Portage and District in pursuing post-secondary education within the Portage region, who would otherwise be unable to do so if it weren't for this award. Residents of Portage and District who are pursuing education locally are eligible for this bursary. A statement of financial need is required as part of this application. Additional pages may be included if more space is needed.

Please complete the following.

#### **Applicant Information:**

Surname \_\_\_\_\_ Given name \_\_\_\_\_ Middle name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Names and Occupation (if applicable) \_\_\_\_\_

Post-secondary programs to which you have applied:

Name of Institution \_\_\_\_\_

Program \_\_\_\_\_

Length of program \_\_\_\_\_

Program start date \_\_\_\_\_

#### **Financial Information:**

Estimate the cost of this year's education:

Books and Tuition \$ \_\_\_\_\_

Will you be applying for government or other loans or bursaries?    Yes        No

Are you currently employed?    Yes        No                      Full Time        Part Time

**Additional Information:**

Please describe your financial situation and the factors that affect your ability to fund your post-secondary education. You may share any circumstances, challenges, responsibilities, or changes in your life that help us understand your financial need and why this bursary would make a meaningful difference for you.

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Tell us about the roles you've played in your community. You might share experiences such as caregiving, volunteering, cultural participation, sports, work, or other contributions that have shaped who you are.

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My signature below confirms that all information provided in this application is complete and accurate. If I am selected for this bursary, I understand that proof of acceptance to a Portage la Prairie and District post-secondary institution must be submitted before funds are released. I acknowledge that if the funds are used for any purpose other than the intended studies, or if I withdraw from my program, the full amount must be returned. I understand that failure to follow the bursary's designated terms of use may result in disqualification from future funding opportunities.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian if Student is under 18 years of age:

Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_