

**IMMACULATE CONCEPTION PARISH**  
**SUSAN WALTON MEMORIAL BURSARY**

Name \_\_\_\_\_  
(Family name) (Given names)

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Family Information

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Other family members \_\_\_\_\_  
\_\_\_\_\_

Post secondary institution you will be attending \_\_\_\_\_

Refer to separate sheet for application criteria, requirements and general information.

I confirm that I am aware of the application criteria and requirements for the Susan Walton Memorial Bursary. I also acknowledge that the information in this application is correct.

\_\_\_\_\_  
Signature of applicant