



*Grand Court of British Columbia,*

Order of the Amaranth  
Book Bursary Application Form

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I WOULD LIKE TO APPLY FOR THE AMARANTH MEMORIAL BOOK BURSARY:

Full Name

*(Please Print or Type)*

\_\_\_\_\_ *(Last, First, Middle)*

Home Address

\_\_\_\_\_ *(Number and Street, City and Province, Postal Code)*

\_\_\_\_\_

EDUCATIONAL PLANS:

I am attending

\_\_\_\_\_ *(Trade / Vocational School, College or University)*

Address

\_\_\_\_\_ *(Full address of school)*

To become

\_\_\_\_\_ *(Career, major field of study or trade)*

EDUCATION:

High School

\_\_\_\_\_ *(Name, address, year graduated)*

Trade/Vocational School, College or University

\_\_\_\_\_ *(Name, address, year graduated)*

\_\_\_\_\_ *(Name, address, year graduated)*

*(Transcript must be furnished by school, either post-secondary facility or in the case of first year students a transcript from the last year high school)*

Level of Trade/Vocational School, College or University (please circle one)

(1<sup>st</sup> yr)   (2<sup>nd</sup> yr)   (3<sup>rd</sup> yr)   (4<sup>th</sup> yr)   (5<sup>th</sup> yr)

High school equivalency applicants, please state year diploma received \_\_\_\_\_

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If previous recipient of an Amaranth Memorial Book Bursary, please indicate what year \_\_\_\_\_

AMARANTH ASSOCIATION:

Relationship to a member of the Order of the Amaranth, and the Court of which they are a member (*i.e. son, Daughter, grandson, etc.*). Proof of membership in good standing must be attached.

OTHER ACTIVITIES AND INTERESTS:

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*(Employment, School, Church, Community Organizations, Clubs, etc.)*

PERSONAL REFERENCES:

Please attach letters of recommendation from three adult persons, not related, in your community from different groups or areas of interests)

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN JANUARY 31<sup>ST</sup>**

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Phone number where you can be reached)*