



Wellington Federation of Agriculture
www.wfofa.on.ca

WFA BURSARY APPLICATION

Name: _____

Address: _____

Phone: _____ Email: _____

Post Secondary University/College: _____ Program _____

Briefly outline your plans after completing program and how receiving this funding will help you:

Briefly list your community involvement, 4H, sports, social clubs, school activities, etc.

List any work experience or awards:

The applicant hereby confirms to Wellington Federation of Agriculture that the application information is true, verifiable and complete in all respects.

Signature

Date