



**George Coles Bursary
Appeal Form**

Name:		Post-Secondary Institution:	
Email:		Student ID:	Year of Study:
Phone Number:		Name of post-secondary program you are studying:	
Date of Birth:			
Street Address:		Expected Post-Secondary Grad Year:	
Town/City:		High School Name:	
Province:	Postal Code:	High School Grad Year:	

Please answer the following questions:

Please state the reason your George Coles Bursary application was rejected (if known).

Please state the reasons why you feel your George Coles Bursary application should be approved. (Use a separate sheet of paper, if you need more space)

Declaration and Consent:

All the information on this application is true to the best of my knowledge and I understand that providing false or misleading information on this form will result in the disqualification of the application. The educational institution I am attending may provide any information about my academic standing, attendance, awards, accommodations, and financial status to Student Financial Services with the Department of Education and Lifelong Learning. *Personal information on this form is collected under subsection 32(2) of Prince Edward Island's Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c.F-15.01 and will be used for the purpose of programs under Student Financial Assistance Services, PEI Department of Education and Lifelong Learning and with any other Provincial Department as may be necessary to evaluate the submission.* This authorization provides complete authority to collect, use, retain and disclose Personal Information to the extent reasonably necessary in connection with my application under, and my participation in, the George Coles Bursary.

Student's Name (please print)	Student's Signature	Date

Post-Secondary Institution – Your School Must Complete This Section

Study Year of Standing	Full-Time Student for 24 continuous weeks?	Graduating this academic year?	(For colleges only) Tuition Amount
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notes:

Position of Institution Official (Please Print)	Signature of Institution Official	Date

PLEASE RETURN THIS FORM TO YOUR EDUCATIONAL INSTITUTION