

Room 114, Wakpá Tower 3737 Wascana Parkway Regina, SK Canada S4S 0A2 Phone: 306-585-4585

Fax: 306-123-1235 Email: esl@uregina.ca www.uregina.ca/esl

#### PENTHES RUBRECHT BURSARY

#### APPLICATION FORM

An ESL Bursary for ½ of the tuition for the following semester is open to Canadian citizens, landed immigrants, and visa students whose native language is not English. Preference will be given to students already in the ESL program. It is awarded three times a year (once for each semester).

#### Criteria:

- a) The student must demonstrate financial need and a commitment to pursue studies at the University of Regina
- b) Good academic standing and regular attendance
- c) Contributions to our ESL Program and the community are also considered
- d) Applicant must have 2 reference letters; one of these must be an Instructor
- e) Students must be in EAP 005-090 levels (not in EAP 100/101)

### **GENERAL INFORMATION** – (to be filled in by the student)

Please print clearly. Complete all sections.

# Due Date: the 9th week of the term (Friday)

Core Class:	Core C	lass Instructor's Name:	
Name:			
	(Family Nam	e)	(Given Name)
Address in Regina:			
Postal Code:		Phone Number:	
Email:		Student ID:	
Country of Citizenship:		Date of Birth:	
			Day/Month/Year
		Signature:	
		Date:	



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### (To be filled out by applicant)

Explain the financial reasons why you need this bursary.			
Explain your educational goals after ESL.			
What have you contributed to our ESL Progra work, leadership, organization of class activiti	m or the University or Regina community? (Volunteer les, etc.)		
Reference Contact Information:			
Reference 1: Name:	Email:		
Reference 2: Name:	Email:		
I declare that all the information given here is	true and complete to the best of my knowledge.		
	Signature:		
	Date:		



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### **INSTRUCTOR REFERENCE**

(To be filled out by your current ESL CORE Instructor)

Name of Core Class Instructor:		
Name of Student:		
Attendance record of this student:		
What contribution(s) has this stude	nt made to the class, classmates, an	nd the program?
Quiz marks. Please complete the t	able below.	
SUBJECT	APPLICANT'S CURRENT MARK %	CLASS AVERAGE %
READING		
WRITING		
LISTENING		
SPEAKING		
Comments:		
	Signature of Core Class Instructo	r:
*This nace was	t be returned to the ESL office the 9th	



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# 2<sup>ND</sup> REFERENCE

(Must be filled out by another instructor or employer – if applicable).

Name of Reference:	Phone Number:
Name of Student:	
How long have you known this student an	nd how well do you know them?
Please give any relevant information you Rubrecht Bursary based on the following	have that supports this student's application for the Penthes criteria:
<ul> <li>financial need</li> <li>the goal of attending the U of R</li> <li>academic standing &amp; attendance i</li> <li>contribution to the program, and t</li> </ul>	<u>e</u>
Signa	nture of Reference:
*This page must be ret	turned to the ESL office the 9th week of the term.