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PRINCIPAL'S ASSESSMENT FORM FOR IODE LABRADOR BURSARY APPLICANT
Awarded for Ability and Financial Need
For Academic Year

Deadline date for assessment to reach Director of Education
Deadline date for assessment to reach IODE Head Office

School Board

Name of Director of Education

Name of Student

Name of Principal

Name and Address of School

Telephone

E-mail

Appraisal of student's academic ability. *Please forward student's transcript by e-mail.*

Further Comments:

Are parents supportive of these academic goals? _____ What distinguishes this student from their peers? _____

Financial Circumstances:

1. Is student eligible for government or other funding? Yes No

If **YES**, give full details including source of funding and amount

Source: _____ \$ _____

2. Ability of family to help with applicant's expenses: _____

Signature of Principal

Date

Remarks by Director of Education

Signature of Director of Education

Date