

# Bytown Brigantine Inc

## BURSARY APPLICATION - 2012

*The Thomas G. Fuller Bursary Fund was established to provide financial assistance to youth seeking to participate in Bytown Brigantine programs. The selection process takes place by a committee of the board of directors who review the applications and conduct interviews with selected candidates and his or her parent or guardian.*

### Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

### Program requiring bursary:

Please specify first choice:

Please specify second choice:

\_\_\_\_\_

\_\_\_\_\_

### Amount of assistance required:

100%

75%

50%

25%

### Application Instructions

Please describe why you are requesting financial assistance. Please attach additional pages if more space is required. (Each application must be accompanied with supporting documentation such as pay stub, or a copy of earnings. Bytown Brigantine Inc will respect the confidentiality of any documents submitted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Post Code: \_\_\_\_\_

Relationship:  Mother/ Father  Other: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Other) \_\_\_\_\_

Fax or email: \_\_\_\_\_

*I certify that all general and financial information provided on this form is true and accurate.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed application and supporting documents to:*

Bursary Committee

Bytown Brigantine Inc. 2700 Queensview Dr. Ottawa Ontario K2B 8H6

Tel. 613-596-6258 Fax. 613-596-4335

Email: info@tallshipsadventure.org