

Bytown Brigantine Inc

Bursary Application - 2008 Summer Program

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:

- | | |
|---|--|
| <input type="checkbox"/> S.T.V. Fair Jeanne Voyage 1 | <input type="checkbox"/> S.T.V. Black Jack Camp #1 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Voyage 2 | <input type="checkbox"/> S.T.V. Black Jack Camp #2 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Voyage 8 | <input type="checkbox"/> S.T.V. Black Jack Camp #3 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Voyage 9 | <input type="checkbox"/> S.T.V. Black Jack Camp #4 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Officer in Training Program 1 | <input type="checkbox"/> S.T.V. Black Jack Camp #5 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Officer in Training Program 2 | <input type="checkbox"/> S.T.V. Black Jack Officer in Training Program 1 |
| <input type="checkbox"/> S.T.V. Fair Jeanne Officer in Training Program 3 | <input type="checkbox"/> S.T.V. Black Jack Officer in Training Program 2 |

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

