



## Bytown Brigantine Inc. Captain Thomas and Jeanne Fuller Bursary Application

*The Captain Thomas and Jeanne 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 applications and conduct interviews with candidates and his/her parent or guardian.*

*If you have any questions, or require assistance to complete this form, please call the office at 613-596-6258.*

### **Applicant Information**

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Identifies As:     Female     Male     Other

Please describe in your own words, the reasons you wish to join the crew for a Tall Ship Adventure

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*Send completed application and supporting documents to:*  
Bursary Committee  
Bytown Brigantine Inc., 2700 Queensview Dr., Ottawa ON K2B 8H6  
Email: [registrar@tallshipsadventure.org](mailto:registrar@tallshipsadventure.org)  
For questions, please call: 613-596-6258

**Parent/Guardian Information**

Child lives with  both parents  Mother  Father  Gardian(s)  Other: \_\_\_\_\_

Assistance requested for: Program # \_\_\_\_\_

Amount you feel you/ your family can contribute: \$ \_\_\_\_\_

Please describe why you are requesting financial assistance. Please attach additional pages if more space is required.

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

Second program choice: Program # \_\_\_\_\_

Amount you feel you/your family can contribute to this program \$ \_\_\_\_\_

**Mandatory Documents to Submit with Application:**

Please send us a copy of tax forms or a notice of assessment or statements from an employer for each parent/guardian providing financial support for your child. You can obtain a Notice of Assessment from the Canada Revenue Agency. All information received in support of applications will be kept strictly confidential and any personal information will not be shared with persons outside of the Committee.

**Primary Parent/Guardian Contact 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 is true, accurate and complete.***

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

Send completed application and supporting documents to:  
Bursary Committee  
Bytown Brigantine Inc., 2700 Queensview Dr., Ottawa ON K2B 8H6  
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