



Application Form

Name: _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Birthdate: _____

Social Insurance #: _____

Will you be receiving any other assistance?

- Yes No

Gender

- Male Female

Name of school currently attending:

Grade/Year or Name of Program:

Signature of Applicant:

Signature of Parent or Guardian:

Letter of Support:

- Coach
 Teacher
 Parent or Guardian
 Minister/Priest
 Neighbor
 Other _____

Activities (*Both school and other*)

What are your plans for September?

Note

Applications must be submitted by
April 23 of the current year.