



BURSARY APPLICATION

Date of Application: _____

A. APPLICANT/SINGER INFORMATION: (PLEASE PRINT CLEARLY)

SURNAME	FIRST NAME	DATE OF BIRTH (mm/dd/yyyy)	DIVISION
ADDRESS	CITY	PROV. POSTAL CODE	PHONE

B. PARENT/GUARDIAN INFORMATION:

SURNAME (Parent 1)	FIRST NAME	PHONE	EMAIL
ADDRESS (if different from above)	CITY	PROV. POSTAL CODE	
SURNAME (Parent 2)	FIRST NAME	HOME PHONE	EMAIL
ADDRESS (if different from above)	CITY	PROV. POSTAL CODE	

C. IMPORTANT NOTES & RESTRICTIONS

Bursaries are based various criteria including ability to pay and total registration fee. The applicant’s commitment to the program and willingness to pursue other funding alternatives offered by Youth Singers is given major consideration. Bursaries approved through the Youth Singers will **REDUCE THE FEES FOR THE PROGRAM ONLY. THE PARTICIPANT IS REQUIRED TO PAY A MINIMUM OF 50% OF THE PROGRAM FEES AND IS STILL REQUIRED TO PARTICIPATE IN FUNDRAISING AND VOLUNTEER COMMITMENTS.** Documentation confirming information submitted on this form must accompany the application and we may require a copy of your most recent Income Tax Assessment form.

BURSARIES FOR TOUR are not available through current funding and can be approved based solely on funding secured specifically for touring. All individuals registering for a Youth Singers program may apply for Bursary/Scholarships but first consideration will be given to individuals under eighteen years of age and then to those over seventeen still in school or post-secondary education.

PROGRAM: Into which program are you applying for assistance (check one)?

Regular Program

Tour Program

Summer Program

D. TELL US BRIEFLY: Why would you like to be a part of the Youth Singers of Calgary?

E. ELIGIBILITY: Please provide one of the following documents (must be current)

Family Budget/Financial Info Form (see back)	COPY of your Medical Services Card
COPY of your rental confirmation letter from Calhome Properties or Calgary Housing Authority	COPY of your daycare/after school care subsidy confirmation – noting FULL subsidy
COPY of your approval letter from the Burns Memorial Fund	Alberta Child Health Benefit Card
Letter from Social worker	



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F. FAMILY BUDGET/FINANCIAL INFORMATION: If you are unable to supply one of the required documents from Section "E" you must complete this section and submit supporting documentation.

Name of Adult Applicant: _____

Total number of household members: Number of adults in household:

Current gross MONTHLY income from ALL adults in household (18 years & older)

Source of Income (ALL money received)	Adult #1 amount per month	Adult #2 amount per month	Adult #3 amount per month
Working (before deductions)			
Employment Insurance (before deductions)			
Pension			
Child Support/Alimony			
Child Tax Credits			
Other			
TOTAL			

NOTE: Please provide a COPY of documents that confirm ALL of the sources of income you have listed above. These are needed to assess and process your application.

G. PERSONAL STATEMENT:

Please give us any other information that may help us in deciding and determining approval and amounts for this application.

Please insure that we have RECEIVED the following or that they are ATTACHED to this application.

The application cannot be processed without ALL of the following:

1. Required confirming documents as per section "E" and/or "F".
2. All required documents & payments as per registration package including your portion of program costs.
(Call office for payment options and other details.)

The information in this application is complete and true to the best of my knowledge

X _____
Adult Applicant Signature

Date

FOR OFFICE USE ONLY:

Date Received: _____ Reviewed by: _____ Action: _____
Approved by: _____ Amount: _____