For Office use Only
Bursary Granted: ☐ Full ☐ Partial ____ ☐ no

Program Bursary Application

Applications must be <u>fully</u> completed and received by September 15th, 2017 to be considered. EYES will only offer a limited number of bursaries for applications for the duration the EYES Club program, as we have limited funding.

Applicant (Child) Information (**All information will remain confidential**):

Last Name	First Name

Please provide reported combined net income from 2014 tax return for your family (required) ____

How many people are in your family (number)? ____ Amount of funding requested: ____

Why do you need a bursary for EYES? (Please remember that selection is based solely on need and is in no way dependent on performance).

Is there anything else you would like to tell us?

Declaration: I hereby declare that all information given above is true and complete in every respect, that I have answered all questions on this form and that the bursary is essential to my child coming to club. Furthermore, I agree that EYES has first claim to monies awarded, and that if my circumstances change from those reported on this application, the bursary may be rescinded.

Signature of Parent/Guardian: _____ Date: _____