



<b>For Office use Only</b> Bursary Granted: <input type="checkbox"/> Full <input type="checkbox"/> Partial ____ <input type="checkbox"/> no
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## Program Bursary Application

**Applications must be fully completed and received by January 6, 2017 to be considered.** EYES will only offer a limited number of bursaries for applications for the duration the EYES Club / EDesign 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 2015 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).

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Is there anything else you would like to tell us?

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**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to monies awarded, and that if my circumstances change from those reported on this application, the bursary may be rescinded.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: \_\_\_\_\_

Please complete the club registration form that follows.