

POLICY TYPE: INDIVIDUAL SUPPORT SERVICES

(ISS) POLICY TITLE: *BURSARY FUND*

APPENDIX 35: *BURSARY APPLICATION FORM*



Application for Bursary

Applicant Details

Name: _____

Full Address: _____

Program Details

Name of Program: _____

Start Date: _____

Tell us briefly why you are applying for this bursary.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Lifetime Networks is under no obligation to accept or assign me a bursary.

Should I be accepted, I acknowledge that I may be required to write a letter of thanks to the Executive Director at the end of the program. This letter may be used on the Lifetime Networks website, and on other promotional materials for Lifetime Networks. Lifetime Networks requests that families and individuals do not discuss bursary amounts with anyone outside the agency.

Name: _____ Date: _____ Signature: _____

Approved by: _____ Signature: _____

For office use only

Sent to Accessibility Committee after removing personal information.