

Bursary Application Form



Yes! I have included a copy of my household's most recent proof of income status.

Please note: A bursary application can be processed only if the above document has been provided. If you have questions about this, our Bursary Administrator, Jocelyn Cartmel, will be happy to help. She can be reached at jcartmel@bardonthebeach.org.

Participant's Name: _____

Address: _____
Street Address City Province Postal Code

Cell Phone: ### - ### - #### Email Address: _____

Emergency Contact
Name: _____ Phone: ### - ### - #### Relation to Participant: _____

Please fill out if applying for Young Shakespeareans
Participant's Date of Birth: _____ Are you willing to sign a photo or video release form?
D D / M M / Y Y Y Y Yes No

For participants under the age of 19, please fill out the following information.

Parent/Guardian #1
Name: _____ Occupation: _____

Email Address: _____ Cell Phone: ### - ### - ####

Parent/Guardian #2
Name: _____ Occupation: _____

For which program(s) are you requesting support? Select all that apply.
Please visit bardonthebeach.org for dates, times, and full program details.

- | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <u>Little Players</u> | <u>Getting to Know...</u> | <u>Digital Camp</u> | <u>Play in a Day</u> | <u>Discovery Club</u> |
| <input type="checkbox"/> Players 1 | <input type="checkbox"/> Puck | <input type="checkbox"/> 8-12 years | 8-12 YRS | <input type="checkbox"/> Session A |
| <input type="checkbox"/> Players 2 | <input type="checkbox"/> Juliet | <input type="checkbox"/> 13-18 years | <input type="checkbox"/> Session A | <input type="checkbox"/> Session B |
| <input type="checkbox"/> Players 3 | <input type="checkbox"/> Hamlet | | <input type="checkbox"/> Session B | |
| <input type="checkbox"/> Players 4 | <input type="checkbox"/> The Witches | | <input type="checkbox"/> Session C | <input type="checkbox"/> Session C |

Name(s) of workshops: _____

TOTAL REQUEST \$ _____

Combined Annual Family/Household Income:
 Under \$25,000 \$25,000-\$40,000 \$40,000-\$55,000 \$55,000-\$70,000 \$70,000+

How many persons does your combined income support? _____

If your most recent income tax assessment does not reflect your current situation, please provide any additional information with this form.

Yes! I understand that completing this form does not complete my registration. Please contact the Bursary Administrator at jcartmel@bardonthebeach.org to check your registration status.