

# THE REVIEW

## HIGH SCHOOL BASKETBALL TOURNAMENT

### BURSARY APPLICATION FORM

#### GENERAL INFORMATION

- Applicant must have been a player on a team that has participated in the Tournament and must have achieved the necessary academic standing to have been accepted at a Canadian or U.S. post-secondary institution that requires at least an OSSD for admission.
- Applications will be judged mainly on financial need but other factors such as character and academic standing will also be considered. Only successful applicants will be notified.
- The bursary shall be paid in two equal instalments, the first being disbursed upon receipt of proof of registration for the fall term and the second being disbursed upon receipt of proof of continuing studies in the second term. It shall be the responsibility of the applicant to make application for the disbursement of the bursary and provide the necessary documentation.
- The deadline for receipt of applications is May 16 of this year. Applications should be sent to

Jamie Coull  
Review High School Basketball Tournament  
Westlane Secondary School  
Niagara Falls, ON L2H 1T5  
(please indicate "Bursary Application" on envelope)

#### APPLICANT INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_  
NAME OF BASKETBALL COACH/STAFF ADVISOR \_\_\_\_\_  
POST-SECONDARY DESTINATION(S) \_\_\_\_\_  
POST-SECONDARY PROGRAM(S) \_\_\_\_\_  
CAREER YOU HOPE TO PURSUE \_\_\_\_\_  
OTHER SCHOLARSHIPS/BURSARIES \_\_\_\_\_  
PART-TIME EMPLOYER AND OCCUPATION \_\_\_\_\_  
SUMMER EMPLOYER AND OCCUPATION \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMPLOYER & OCCUPATION \_\_\_\_\_  
 GROSS INCOME \_\_\_\_\_ TAXABLE INCOME \_\_\_\_\_

2. NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMPLOYER & OCCUPATION \_\_\_\_\_  
 GROSS INCOME \_\_\_\_\_ TAXABLE INCOME \_\_\_\_\_  
 ARE THESE INCOME FIGURES LIKELY TO CHANGE THIS YEAR? YES NO  
 EXPLAIN \_\_\_\_\_

**DEPENDENT INFORMATION**

*(include all persons who are totally dependant upon your parent(s)/guardian(s))*

Name	Relationship to Applicant	Age	Employer & Occupation	Marital Status	Amt. Of Support Paid to Parent/Guardian

**PLEASE ATTACH THE FOLLOWING:**

- LETTER OF REFERENCE FROM YOUR BASKETBALL COACH/STAFF ADVISOR
- OFFICIAL COPY OF YOUR MOST RECENT ONTARIO STUDENT TRANSCRIPT

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_