

THE REVIEW

HIGH SCHOOL BASKETBALL TOURNAMENT

2015 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 _____
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 _____