

Seniors Bursary (up to \$1000.00) for Continuing Education Application

B) Personal Infor	rmation	
Last Name:		_
First Name:		_
Mailing Address:		_
Postal Code:		_
TTY Number:	()	_
Texting Number:	(
E-mail address:		_
C) Course Inform	ation	
Community Centre	, School, College or University:	
Course Name:		
Length of course:		_
Date of course:		_
Registration fee d	lue date:	_
Name/phone numb		

D) Please attach any of the following documents that you have:

- Information on the course you want to take (e.g. course name, fee, dates, registration fee due date)
- Copy of your birth certificate or drivers license or BC ID
- Any other document that you have received that you think may be helpful
- an audiogram

(Please Sign the Application on the next page)

E) Signature and Consent for Photo Release: If I receive a JHLT Seniors Bursary for Continuing Education, I understand that my name and/or picture may be used in public/program reports and /or promotional material, including the www.jhlt.ca website. I give consent to Jericho Hill Legacy Trust (JHLT) to use my name and/or photo in public/program reports and /or promotional material, including the JHLT website. This decision will not affect my eligibility for a JHLT Bursary. YES _____ NO ____ By signing below I am confirming that all information is complete and accurate. (Your Signature) ______

Privacy Statement: The information on this form is collected solely for the purpose of determining eligibility for a JHLT Bursary. This information will be kept confidential.

Send this form to:

Jericho Hill Legacy Trust
Attn: Seniors Bursary for Continuing Education Committee
PO Box 42100
RPO Champlain Mall
Vancouver BC
V5S 4R5

(Today's Date) _____

e-mail - info@jhlt.ca