

T.D. Mayer - Community Living Bursary Application

PERSONAL INFORMATION – please print

Name: Mr./ Miss/ Mrs.

Last/First/ Middle

Date of Birth: _____
Year / Month/ Day

Social Insurance Number: _____ (CRA requirement).

MAILING ADDRESS

Apt. # Street Number and Name

City Province Postal Code

TELEPHONE NUMBER

Home: _____ Alternate: _____

EMAIL ADDRESS: _____ (optional) OR by MAIL

Alternate Contact Person:

I WOULD PREFER TO BE CONTACTED THROUGH ANOTHER PERSON (ie parent, support person etc.)

Alternate contact info

Name: Mr./ Miss/ Mrs.

Last/First/ Middle

Apt. # Street Number and Name

City Province Postal Code

Phone: _____ Alternate: _____

EMAIL ADDRESS: _____ (optional)

BASIS FOR ADMISSION – please check off all that apply

(Note: applicant must meet application criteria in order to be considered)

- Developmental / Intellectual Disability
(confirmation required at phase two)

- Confirmation of application / acceptance to a Post-Secondary Programs

(College Name and Program)

- 19 years or older on the first day of class

Educational History - please check off all that apply

From high school, I graduated / will graduate with:

- Ontario Secondary School Diploma (OSSD)

- Ontario Secondary School Certificate (OSSC)

- Other (please specify) _____

When you sign this application, it means that you are giving the T.D. Mayer – Community Living Bursary Selection Panel permission to talk about you and your application in order to determine who will receive the Bursary. No information in this application will be shared with any person outside of the Selection Panel without your permission or at your request.

Note: If you are a successful applicant the amount of the bursary will be reported to Canada Revenue Agency along with your Social Insurance Number.

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application.

Signature

Date