

# GABRIOLA PLAYERS

## Don Whitton Memorial Bursary

### Application Form – Please print

#### Name of Applicant

Last name	First name
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#### Date of birth

Day/Month/Year
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**NOTE:** If applicant is under the age of 16, please provide name of Parent or Guardian

Last Name	First name
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#### Address

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#### Telephone

Home	Cellular
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#### E-mail

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#### Signature of Applicant/Parent/Guardian

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#### Supporting document checklist

- |   |  |
|---|--|
| <input type="checkbox"/> Description of course of study | <input type="checkbox"/> Past experience     |
| <input type="checkbox"/> Proof of admission             | <input type="checkbox"/> Letter of reference |
| <input type="checkbox"/> Personal statement             |  |

Send completed application to:

**Gabriola Players  
Don Whitton Bursary  
PO Box 374 Gabriola, BC VoR 1X0**

**Incomplete applications or applications received after August 31<sup>st</sup> will not be considered.**