



**Don Whitton Memorial Bursary
Application Form – Please print**

Name of Applicant

| | |
|-----------|------------|
| Last name | First name |
|-----------|------------|

Date of birth

| |
|----------------|
| Day/Month/Year |
|----------------|

NOTE: If applicant is under the age of 16, please provide name of Parent or Guardian

| | |
|-----------|------------|
| Last Name | First name |
|-----------|------------|

Address

| |
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Telephone

| | |
|------|------|
| Home | Cell |
|------|------|

E-mail

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Signature of Applicant/Parent/Guardian

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Supporting document checklist:

- Description of course of study
- Proof of admission
- Personal statement
- Past experience
- Letter of reference

Send completed application to:

**Gabriola Players
Don Whitton Bursary
PO Box 374
Gabriola, BC V0R 1X0**

Or email scanned, signed copies of the application and supporting documents to gabriolaplayers@gmail.com.

Incomplete applications or applications received after August 31st will **not** be considered.