



Toronto Brigantine Inc. Bursary Application Form

Introduction

Toronto Brigantine Inc. is a registered Canadian charity. The Toronto Brigantine Bursary Fund provides financial support for youth unable to pay the full course fees.

Our bursary policies are designed to:

- Make our programs more accessible;
- Maximize the number of individuals provided with Toronto Brigantine's Bursary Fund support; and
- Ensure fair and equitable access to our bursary funds.

The distribution of the Toronto Brigantine Bursary Fund is governed by the following principles:

- Bursaries are distributed according to monies available in the Bursary Fund;
- Bursaries are available only to individuals who have never sailed a Tall Ship Adventure;
- Bursaries are available only to one family member per year; and
- A completed application is required;

How do I apply for a Toronto Brigantine Bursary?

1. Ensure you qualify. A trainee candidate for bursary assistance from the Toronto Brigantine Bursary Fund must:

- be physically and mentally fit;
- be able to swim 100 metres and immediately tread water for 10 minutes without undue fatigue;
- wish to join the crew of a Tall Ship Adventure and fully participate in all Adventure activities; and
- have never sailed a Tall Ship Adventure in the past
- require financial assistance to subsidize course fees.

2. Complete the trainee candidate bursary application.

The trainee candidate must complete the trainee bursary application form.

3. Complete the Parent/Guardian bursary application.

The parent or guardian must complete the parent/guardian bursary application and have the completed application signed by an independent, unrelated person who can verify your financial need.

4. Mail completed bursary application forms to:

Bursary Committee
Toronto Brigantine Inc.
413 - 215 Spadina Ave
Toronto ON M5T 2C7

Parent/Guardian Bursary Fund Application

To be completed by the bursary candidate's parent or guardian

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____ HOME PHONE: _(_____)_____

_____ BUSINESS PHONE: _(_____)_____

E-MAIL: _____

TRAINEE'S NAME: _____

COURSE FOR WHICH ASSISTANCE IS REQUESTED: # _____.

BURSARY AMOUNT REQUESTED: \$ _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

BRIEFLY DESCRIBE YOUR REASON(S) FOR REQUESTING FINANCIAL SUPPORT FROM OUR BURSARY FUND.

WE REQUIRE INDEPENDENT VERIFICATION OF YOUR FINANCIAL NEED. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A COMMUNITY AGENCY REPRESENTATIVE OR OTHER NON-RELATED PERSON WHO CAN MAKE THIS VERIFICATION.

REFERENCE NAME: _____ PHONE: _(_____)_____

AGENCY OR RELATIONSHIP: _____

ADDRESS: _____

REFERENCE SIGNATURE: _____ GATE: _____

