

EUREKA! Bursary Application

FOR OFFICE USE ONLY

Camp # _____

Bursary Granted: Y / N \$ _____

Please aid this process by filling in each section / question to the best of your knowledge.
Application must be fully completed to be considered. Letters may accompany this application.

Applicant (Child) Information:

_____	_____	_____	
Last Name	First Name	Preferred Name	
_____		Phone #	
Birth date (yyyy/mm/dd)	Sex (circle):	M	F
_____			_____
_____	_____	_____	_____
Address: No. & Street	City/Town	Prov.	Postal Code

Parent/Step-Parent/Sponsor/Legal Guardian Information:

_____	_____	_____	
Last Name	First Name	Preferred Name	
_____	_____	_____	_____
Address: No. & Street	City/Town	Province	Postal Code

Please provide reported combined net income from last year's tax return for your family:

How many people in your family? (Number) _____

Parent Section:

Why do you need a bursary for EUREKA? (Please remember that selection is based solely on need and is in no way dependent on performance.)

How will EUREKA! Benefit your child?

How much financial assistance are you requesting? \$ _____

Child Section (to be filled out by the child):

What do you hope to gain from a week at EUREKA?

What science experiments have you had or particularly enjoyed?

Is there anything else you would like to tell us?

DECLARATION:

I hereby declare that all information given above is true and complete in every respect; that I have answered all questions on this form and that the bursary is essential to my child coming to camp. Furthermore, I agree that EUREKA! has first claim to any monies awarded, and that if my circumstances change from those reported on this application, the bursary may be rescinded.

Signature of Parent: _____ Date: _____

Our Board of Directors meets every Thursday morning to allocate bursary funds. The earlier we receive your application, the better your chances are of receiving more funding.

Please email a scanned copy or mail a completed application form to:

eureka@tru.ca

**EUREKA! Science Program c/o TRU Science Office PO Box 3010, 900 McGill Rd.
Kamloops, BC V2C 5N3**