



## Bursary Application to Attend Teens Conference (March 16 - 19, 2020)

### Preamble

We do not wish students deterred from coming to this camp because of financial reasons. Therefore, we will gladly provide the needed amount for individual to come. However, please understand that the funding for the bursary is from the generous supporters of AFC, we need to be prudent in granting bursary.

### Note:

- Submitting an application does not guarantee automatic approval.
- If approved, you will receive a T4A of the amount you are granted in this application at the end of the year for income tax purposes. Thus, your Social Insurance Number (SIN) will be required then.
- To apply, please submit the completed Bursary Application to [tc@afccanada.org](mailto:tc@afccanada.org) by February 7, 2020. You shall be contacted by February 21, 2020 with the result of your application.

**The Amount of bursary that you are applying for:** \_\_\_\_\_

**Reasons for applying:** \_\_\_\_\_

\_\_\_\_\_

### Your Personal Information:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of the school you are currently enrolled in:

\_\_\_\_\_

Name of the church you are attending: \_\_\_\_\_

Have you explored other sources of financial support to attend this conference, such as church or family or other?

If Yes, What is the response? \_\_\_\_\_ - \_\_\_\_\_

If No, why not? \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date



**For Office Use Only**

**Section A**

**Date Received:** \_\_\_\_\_

**Recommendation:**

**Decline:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\_\_\_\_\_

**Granted:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

**Section B – to be completed by Executive Director**

**Approved:** \_\_\_\_\_

**Not Approved:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Executive Director**

\_\_\_\_\_  
**Date**