

## P.O. Box 62518, 85 Ellesmere Road, Toronto, ON M1R 5G8

 $We b site: caribbe an council can ada. or g \sim Email: admin@caribbe an council can ada. or g$ 

## 2023 BURSARY APPLICATION FORM

Last Name:		Given Nam	es:	
Date of Birth: (YYYY/MM/DD)		Country of Birth:	f	
Address:				
Email:		Telephor	e No.:	
Parents/Guardian Name:			arents/Guardian Address:	
Caribbean Country Affiliation – (Self/ Parents/Grandparents, explain):				
Last High School	Attended:			
Last Grade:		Year of C	Fraduation:	
College or other Institution you are/will be attending:				
Your school or community achievements (You may attach a separate sheet.)				
I hereby declare that I have truthfully answered all questions to the best of my knowledge.				
I understand that any false statement made herein may result in the rejection or disqualification of my application.				
Name/ Signature:			Date:	