



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

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## 2024 BURSARY APPLICATION FORM

Last Name:		Given Names:	
Date of Birth: (YYYY/MM/DD)		Country of Birth:	
Address:	Street	Unit	City/Town
			Postal Code
Email:		Telephone No.:	
Parents/Guardian Name:		Parents/Guardian Address:	
Caribbean Country Affiliation – (Self/ Parents/Grandparents, explain):			
Last High School Attended:			
Last Grade:		Year of Graduation:	
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:	
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**Please ensure that all documents outlined under the Application Package are included.**