

YOUTH BURSARY FUND APPLICATION

To Victoria Presbytery: Programme Division

Fax c/o Ross White 250 477-8313

OR Mail to: 2625 Arbutus Road, Victoria, V8M 1W4

Name: _____

Age: _____ Phone: (____) _____ E-mail _____

Address: _____

City: _____ Postal Code: _____

Home Congregation or Ministry: _____

Youth Leader or Minister: _____

Name of Event: _____

Description of Event (attach copy of event brochure): _____

Date of Event: _____ Location: _____

Cost: Registration _____ Amount requested from Presbytery _____

Travel _____ Personal Contribution _____

Other _____ From other sources _____

TOTAL COST _____

Have you applied for a bursary before? _____ When? _____

What Event? _____

What do you hope to gain/accomplish by attending this event? _____

How do you imagine that your learning from this event could be brought back to Presbytery? e.g. speaking at local youth group.

References: _____ Phone: _____ e-mail _____

Date of Application: _____

Signature of Applicant: _____

PLEASE INCLUDE TWO LETTERS OF REFERENCE WITH YOUR APPLICATION. THANKS!

Revised Tuesday, February 27, 2007
Program Division