



**DEEP RIVER & DISTRICT COMMUNITY
FOUNDATION**

PO Box 1171, Deep River, ON, K0J 1P0
<http://drdef.ncf.ca>

Form Number: GRANT_003

Date Received	Application No.
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(For office use only)

SCHOLARSHIP / BURSARY APPLICATION FORM

Name of Applicant: _____

Educational Institution to Be Attended: _____

Project / Course Title: _____

Name of Scholarship Fund: _____

Brief Description / Aim of Project/Course:

Contact:

Name: _____

Mailing Address: _____

Email/telephone/fax: _____

Applicant signature: _____

Local teacher (if required) signature: _____

Date: _____

Cost of Project/Course for Year/Session: \$ _____

Amount of Grant requested: \$ _____

When completed, mail this form to:

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