

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

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2022 BURSARY APPLICATION FORM

Last Name:		Given Nar	nes:	
Date of Birth: (YYYY/MM/DD)		Country Birth:	of	
Address:				
Email:		Telepho	ne No.:	
Parents/Guardian Name:		Parents/O Addi		
Caribbean Countr Parents/Grandpare	y Affiliation – (Self/ ents, explain):			
Last High School	Attended:			
Last Grade:		Year of Graduation:		
College or other I attending:	nstitution you are/will be			
Your school or co	mmunity achievements (Y	You may attach a sep	arate she	eet.)
I hereby declare the	hat I have truthfully answe	ered all questions to	the best of	of my knowledge.
I understand that a application.	any false statement made l	herein may result in	the reject	tion or disqualification of my
Name/ Signature:			Date:	

Please ensure that all documents outlined under Application Package are included.