



**HALLWENT REGION SKATING COUNCIL
CHARLES DOVER MEMORIAL BURSARY**

2014-2015 GRANT APPLICATION

Submit Separate Form for Each Skater – use back or additional documentation as necessary
Applications must include a brochure from their home club that details session fees.

NAME _____ AGE _____

ADDRESS _____

CITY/PROVINCE _____ POSTAL CODE _____

HOME CLUB _____ SKATE CANADA# _____

NUMBER OF YEARS SKATING AT A SKATE CANADA CLUB _____

Winter registration – basic cost - \$ _____ # of skating days per week _____

Monthly coaching fees - \$ _____ Program Assistant? (yes/no) _____

Amount owed to club _____ coach _____ other _____

Will you or have you applied for other financial assistance this season (club, WO, corporate, private)?

Have you applied for a bursary before? Yes / No _____ Year _____

Highest Test Level – CANSkate Badges _____ Free Skate _____

Skills _____ Dance _____

Competitions entered last season/placement _____

Single or Synchro level for Competition _____

If this is a successful application where will the funds be used? _____

Skater's Goals _____

Parents' occupation and employers _____

Brief family profile _____

Club Executive Member Comments (include skater / family volunteer skating involvement):
This Section must be completed for application to be considered

Signature: Parent/guardian _____ Phone _____

Email _____ Date _____

Club President _____ Phone _____

Email _____ Date _____

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