



**Reading Between the Lines:**  
Health, Safety & Literacy  
**Lire entre les lignes:**  
Santé, sécurité et alphabétisation



## Bursary/Subsidy Request Form

**BURSARY/SUBSIDY REQUEST DEADLINE: June 27, 2008**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

(City) (Province) (Postal Code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Which of these categories applies to you? (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Voluntary sector | <input type="checkbox"/> Business Person     | <input type="checkbox"/> Practitioner        |
| <input type="checkbox"/> Union            | <input type="checkbox"/> Educator or trainer | <input type="checkbox"/> Community volunteer |
| <input type="checkbox"/> Government       | <input type="checkbox"/> Student             | <input type="checkbox"/> Self employed       |

Other, please specify \_\_\_\_\_

**Please attach a letter demonstrating your need for assistance.**

The letter should include answers to the following questions:

- *Why do you wish to attend the Institute?*
- *How will you share what you learned at the Institute with others in your field, organization and community?*
- *Please state the amount of funding you are requesting, a breakdown of expense(s) and a brief description of the expense(s).*

Once complete, please forward this form and your letter to:

Atlantic Summer Institute on Healthy and Safe Communities  
Subsidy Application  
Attn: Judy McKnight  
25 Bolger Drive  
Charlottetown, PE  
C1A 7T2  
or fax: (902) 626-3221

For further information please contact Judy at (902) 894-3399 or [asi@thequaich.pe.ca](mailto:asi@thequaich.pe.ca)

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for your request. You will be notified of the status of your application by July 13, 2008.