

Bursary/Subsidy Request Form

BURSARY/SUBSIDY REQUEST DEADLINE: June 1, 2010

A limited number of bursaries/subsidies are available to participants and speakers from Atlantic Canada attending the full program. A **bursary** provides registration for selected applicants. A **subsidy** contributes to defray the cost of travel, accommodations, and registration at the Institute.

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 _____

Have you attended the Institute in the past? If so, indicate which year(s).

- 2004 2005 2006 2007 2008

Have you received a subsidy to attend past institutes? If so, indicate the years for which you received a subsidy.

- 2004 2005 2006 2007 2008

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) - can include: travel, meals, accommodation, bridge/toll, registration fee - 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: Gail Sanderson

25 Bolger Drive

Charlottetown, PE

C1A 7T2

or fax: (902) 626-3221

For further information please contact Gail at (902) 894-3399 or asi@thequaich.pe.ca

Signature of Applicant _____ **Date** _____

Thank you for your request. You will be notified of the status of your application by June 15, 2010.



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