

Keith Tavares Spirit of Inclusion Bursary – Application Form

Applicant's Full Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Date of Birth:** _____

Email Address: _____

Elementary School Attending: _____

Secondary School Attending: _____

Permission is granted to the Selection Committee to publish the name and photo of recipient and to place information on website.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Personal Cover Letter:

In addition to this application form, include a personal cover letter detailing:

- ❖ Reasons why you should be considered for this bursary
- ❖ Contributions made to your community as well as personal achievements

In order to be considered for this bursary, a completed application package must be forwarded by your school by May 17, 2010 to. Completed application must include the following criteria:

- ❖ The teacher of the deaf and hard of hearing will nominate the student
- ❖ Completed application form
- ❖ The teacher is to submit the completed application form to the Coordinator of the Deaf and Hard of Hearing Program by **May 17, 2010**.

Executive Director, The Angel Foundation for Learning,
80 Sheppard Avenue East, Toronto, Ontario, M2N 6E8