

**JASPER PROGRAM ASSISTANCE FUND  
APPLICATION**

Application Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/date/year)

Address: \_\_\_\_\_  
(Apt. #) (Number) (Street)

Mailing Address: \_\_\_\_\_  
(Box #) (Postal Code)

Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
(Daytime) (Evening)

2. Name of course for which you are requesting assistance: \_\_\_\_\_

3. Why do you want to take this course? \_\_\_\_\_

4. Registration Fee: \$ \_\_\_\_\_  
Are you able to pay any part of this fee? (If 'yes', how much?): \$ \_\_\_\_\_

5. How many adults are in your household? \_\_\_\_\_  
How many children are in your household? \_\_\_\_\_

6. Are you ...	Are other adults in you household...
Employed full-time _____	Employed full-time _____
Employed part-time _____	Employed part-time _____
Unemployed _____	Unemployed _____
Student _____	Student _____

7. Have you used the Jasper Programme Assistance Fund before? \_\_\_\_\_  
Have you accessed the Jasper Programme Assistance Fund in the past calendar year? \_\_\_\_\_

8. Are you involved in any other courses at this time? \_\_\_\_\_  
If "yes" where? \_\_\_\_\_

9. Are you able to volunteer with our agency (or any other) at this time? \_\_\_\_\_

Applicant's signature: \_\_\_\_\_



**FOR OFFICE USE**

Application is recommended. Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons: \_\_\_\_\_

Signature: \_\_\_\_\_

Total amount of bursary: \$ \_\_\_\_\_