



Science Program

# BURSARY APPLICATION FORM 2024

C/O TRU Science Office

805 TRU Way | Kamloops, BC | V2C 0C8

Phone: (250) 371-5534 | Email: eurekasc@tru.ca

FOR OFFICE USE ONLY

Camp #: \_\_\_\_\_

Bursary Granted: **Y** / **N**

\$ \_\_\_\_\_

Please print off this document and complete the sections below to the best of your knowledge. Incomplete application will NOT be considered. Letters may accompany this application. Please return completed applications and additional documentation to EUREKA! either via by mail or email a scanned copy.

## Applicant (Child) Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Birth date (yyyy/mm/dd)

\_\_\_\_\_  
Child's Preferred Gender

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address: No. & Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Does the child claim Aboriginal, Métis, or Inuit ancestry (circle):    YES            NO

## Parent/Step-Parent/Sponsor/Legal Guardian Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Address: No. & Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**Financial Information:**

Please provide reported combined net-income from last year's tax return for your family:

\$ \_\_\_\_\_

How many people in your family? (Number) \_\_\_\_\_

**Science Camp Information:** (Total cost of camp = \$235)

Preferred week of camp to attend: \_\_\_\_\_

How much financial assistance are you requesting? \$ \_\_\_\_\_

**Parent Section:**

Why do you need a bursary for EUREKA?

*(Please remember that selection is based solely on need and is in no way dependent on performance.)*

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How will EUREKA! Benefit your child?

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**Child Section (to be filled out by the child):**

What do you hope to gain from a week at EUREKA?

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What science experiments have you had or particularly enjoyed?

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Is there anything else you would like to tell us?

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**DECLARATION:**

I hereby declare that all information given above is true and complete in every respect; that I have answered all questions on this form and that the bursary is essential to my child coming to camp. Furthermore, I agree that EUREKA! has first claim to any monies awarded, and that if my circumstances change from those reported on this application, the bursary may be rescinded.

Signature of Parent: \_\_\_\_\_

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

Our Board of Directors meets monthly during summer camp season and twice prior to summer camp season to allocate bursary funds. Applications for bursaries will be reviewed every three weeks between May 6<sup>th</sup> and August 2<sup>nd</sup>. Applications received after August 2<sup>nd</sup> will not be reviewed. The earlier we receive your application, the better your chances are of receiving more funding.