



**DEEP RIVER & DISTRICT COMMUNITY
FOUNDATION**

PO Box 1171, Deep River, ON, K0J 1P0
www.drdcf.ca info@drdcf.ca

Form Number GRANT_003

Date Received	Application #

For office use only

SCHOLARSHIP / BURSARY APPLICATION FORM

Name of Applicant: _____

Educational Institution to Be Attended: _____

Project / Course Title: _____

Name of Scholarship Fund: _____

Brief Description / Aim of Project/Course:

Contact:

Name: _____

Mailing Address: _____

Email/telephone/fax: _____

Applicant signature: _____

Local teacher (if required) signature: _____

Date: _____

Cost of Project/Course for Year/Session: \$ _____

Amount of Grant requested: \$ _____