

Mail Completed Form To:
Box 310, Alliston, ON L9R 1V6 Canada
Or Fax to : 705-434-1101 / 888-814-2982



Tel.: 705-434-1100 / 800-214-7798
E-mail: sweep@TourduCanada.com
www.TourduCanada.com

Tour du Canada Bursary Application

If you need more room to answer the questions please use a separate piece of paper.

Name:	Membership #:	
Street Address:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
City:	Age:	Birth Date:
Prov./State:	Phone (day):	
Postal Code:	Phone (eve):	
Country:	Citizenship:	
E-mail Address:		
School:		
Status (year / length of program):		
Area of Study:		
Amount applied for:	If we cannot award that amount would you accept a lesser amount? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Tell us about yourself, (including your work and volunteer experience):		

Please turn page . . .

Reason for wanting a bursary:

What are your plans for the future (after Tour du Canada) with respect to cycling:

I,

CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name

Signature: _____

Date: _____