

**KIDS’ WELLNESS BURSARY APPLICATION**

**Criteria for Application**

1. The funds will be used toward participation on an athletic team (school or organized sport).
2. Applicant must be under 18 years of age and in Grade School or High School.
3. The application is for any child of an employee of an EWSNetwork Client or a child an EWSNetwork Client would like to recommend.

*Online Application and Terms and Conditions are found on the website www.ewsnetwork.com/bursary*

**How to Apply**

There are two stages for applying.

**Stage #1** – Completion of the application form.

An application form is to be completed and signed by an employee of an EWSNetwork client.

The application must be completed and received by EWSNetwork at the address provided in the application form no later than 4:00 p.m. (Eastern Time) on July 31st. The received applications will be screened and the selected candidates will be asked to move on to Stage #2.

**Stage #2** – Chosen applicants will be notified and are then required to provide the following documentation in order to be eligible to receive an EWSNetwork Kid’s Wellness Bursary

1. Registration documentation or a letter from the sports organization confirming that registration is available for the season and indicating the costs thereof;
2. If the child is of school age, confirmation that the child is enrolled in school on a full-time basis.

The application is to be emailed to bursary@EWSNetwork.com or mailed to 502 Old Wonderland Road, London ON, CANADA, N6K 1L6

**Initial Information**

|  |  |
| --- | --- |
| Applicant is a child of an EWSNetwork Client |  \_\_\_\_ Yes \_\_\_\_\_ No |
| If Yes, What is the Company’s Name? |  |
| If Yes, What is the Employee’s Name? |  |
| If No, What is the Parent’s Name? |  |
| How did you hear about the Bursary Program? |  |

**Applicant’s Information**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Date of Birth |  |
| School |  |
| Grade |  |

**Applicant’s Parents’ Contact Information**

|  |  |
| --- | --- |
| Parent’s Name |  |
| Parent’s Name |  |
| Phone Number Primary |  |
| Phone Number #2 |  |
| Email Address Primary |  |
| Email Address #2 |  |
| Address Primary |  |
| Address #2 |  |

**Applicant’s Sports Information**

|  |  |
| --- | --- |
| What sport will the applicant be playing?  |  |
| How many years has the applicant played this sport? |  |
| What are the start and end dates for the sport? |  |
| What is the registration fee to play? |  |
| How much will any new equipment cost to play?  |  |

**Applicant’s Financial Information**

|  |  |
| --- | --- |
| Parent’s Employer |  |
| Parent’s Employer |  |
| In the space provided please indicate the family’s (household) *approximate* gross income from last year's Tax Return. | \_\_\_ Under $50,000 \_\_\_$50,001 - $74,999 \_\_\_$75,000 - $100,000 \_\_\_$100,000 +  |
| Total number of family members living at home. |  |
| Number of dependents in the family including the applicant. |  |
| Children/Age | 1.2.3. |
| Number of children attending Grade School or High School. |  |
| Number of children attending College/University. |  |

**Additional Financial Considerations [completed by parent]:**

|  |  |
| --- | --- |
| Are there any financial challenges of which the selection committee should be made aware? (i.e. medical conditions, extenuating family circumstances requiring additional finances, single parent..etc) |  |
| Why do you feel that this athlete should receive the wellness bursary? |  |

**Reference Information (please fill out at least 3 of the following)**

|  |  |
| --- | --- |
| Coach \*(Name, Phone, Email) |  |
| Teacher 1 (Name, School, Phone, Email) |  |
| Teacher 2 (Name, School, Phone, Email) |  |
| Principal (Name, School, Phone, Email) |  |
| Other Reference (Name, Relation, Phone, Email) |  |

*\*mandatory*

**Privacy Statement and Application Agreement**

Personal information under the control of EWSNetwork shall remain confidential and shall not, without the consent of the individual to whom it relates, be used by EWSNetwork except: (a) for the purpose for which the information was obtained or compiles by the Association; or (b) for a use consistent with that purpose.

By completing and authorizing this Application, you consent to the use of your personal information for: (a) processing of the application; (b) promotional purposes.

EWSNetwork has the right to use the applicant’s name and city in any media publications including newspaper, television, bursary website, sponsor’s websites and social networking unless specified below.

Initial below if you;

\_\_\_\_\_ As an *applicant* I do not agree to allow my name and city to be published in any media publication including newspaper, television, bursary website, any sponsor’s website and social networking.

\_\_\_\_\_ As a *winner of a bursary* I do not agree to allow my name and city to be published in any media publication including newspaper, television, bursary website, any sponsor’s website and social networking.

I hereby certify that all information is accurate and can be verified upon request.

I hereby acknowledge and agree to the above privacy statements and use of my personal information by EWSNetwork.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

