

The Ontario Square & Round Dance Federation Inc.

NOTE: This page to be submitted by candidate upon completion of course / school / clinic

NAME OF APPLICANT: _____

ASSOCIATION: _____

NAME OF COURSE AND CLINICIAN(S): _____

Attachments include:

A copy of the report/ certificate from the school/clinic showing attendance and participation.

An itemized list of actual expenses incurred while attending the school with photocopies of paid receipts.

TOTAL EXPENSES INCURRED: \$ _____

Signed by Applicant: _____ **Date:** _____

ROUTE THE APPLICATION TO THE FOLLOWING:

1. Local Association Comments (or Club, if no local Association exists): _____

_____ \$ _____ _____
Association Signature Bursary Amount Paid Date

2. Provincial Federation Comments: _____

_____ \$ _____ _____
Association Signature Bursary Amount Paid Date

3. Canadian Society Comments: _____

_____ \$ _____ _____
Association Signature Bursary Amount Paid Date