

Participant Information

First name:	Date of birth:
Last name:	Gender:
Address:	
City:	Postal code:
Program name(s):	

Parent/Guardian Information

First name:
Last name:
Address (if different from above):
Relationship to child:
Phone number:
Email:

Financial information

Amount applying for: Full [<input type="checkbox"/>] Partial [<input type="checkbox"/>]
Household income from most recent tax return:
Number of people living in household: Adults [<input type="checkbox"/>] Children [<input type="checkbox"/>]

Please have the student write a one page letter, addressed to Science ALIVE, explaining why they would like to attend a Science ALIVE program.

Please email (sciencealive@sfu.ca) or fax (778-782-3212) the form and letter to Science ALIVE as soon as possible. Applications must be received at least one week prior to the start of the program however, spots do fill so please submit your applications early.

I declare that the information included in this application is accurate and complete to the best of my knowledge. I understand that should the participant's bursary be funded by a company/individual, they may be asked to write a letter of appreciation.

Signature of parent/guardian

Date

