



***Bill Boddington like to help teenagers in financial difficulty, and he did this quite privately and without recognition. The Boddington Family would like to continue this legacy of helping teenagers and have established the Bill Boddington LJYO Financial Assistance Fund to be used to assist those who need financial assistance to participate in LJYO.***

*Purpose:*

To provide the assistance to potential members who require financial assistance in order to participate in La Jeunesse Youth Orchestra (LJYO).

Funds up to \$300 per member, per season, will be granted to the member for the following:

Instrument rental

Music lessons

Other related music expenses, as approved of by the LJYO Board

*\*see next page for application form*

**A) STUDENT PERSONAL DATA**

Surname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Sex: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Address & telephone: \_\_\_\_\_

**B) STUDENT'S EDUCATION & EMPLOYMENT HISTORY**

Secondary School Attended: \_\_\_\_\_

Highest grade completed and date: \_\_\_\_\_

Employment History

| Employer Name | Location | Type of Work | Dates |
|---------------|----------|--------------|-------|
| _____         | _____    | _____        | _____ |
| _____         | _____    | _____        | _____ |
| _____         | _____    | _____        | _____ |

**C) STUDENT'S FINANCIAL DATA**

Gross income last year (from summer/work term): \_\_\_\_\_

Other income (including student award(s), investment income, etc.): \_\_\_\_\_

Assets:

| Real Estate | Investment | Cash  |
|-------------|------------|-------|
| _____       | _____      | _____ |

**D) INFORMATION ABOUT APPLICANT'S PARENTS or OFFICIAL GUARDIAN(s)**

Name(s): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

List of children/dependents during study period applied for:

1. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
4. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

FINANCIAL DATA:

|                           | parent/guardian | other parent/guardian |
|---------------------------|-----------------|-----------------------|
| Name:                     | _____           | _____                 |
| Employment:               | _____           | _____                 |
| Gross income (last year): | _____           | _____                 |
| Assets                    | _____           | _____                 |
| Real Estate:              | _____           | _____                 |
| Investment:               | _____           | _____                 |
| Cash:                     | _____           | _____                 |

Declaration (to be signed by Applicant's parents or guardian(s):

*I/We declare that the information given above is true and complete in all respects.*

Signature:    1. \_\_\_\_\_                      2. \_\_\_\_\_

**E) Please attach a paragraph of 250 words or less on why you feel you deserve to be the recipient of the Bill Boddington bursary.**

**F) APPLICANT'S DECLARATION (if over 18 years of age)**

I declare that the information given above is true and complete in all respects.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_