

Soaring Association of Canada
YOUTH BURSARY PROGRAM APPLICATION

Applicant to Complete this Section

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____ Applicant must be 18 years or age or younger OR between 19 and 25 years of age and enrolled full time in an educational institution

Educational Institution (if applicable) _____

Please briefly describe your soaring goals: _____

Date: _____ Amount Requested (maximum \$500) _____

Applicant's Signature

Parent/Guardian's Signature if Applicant under 18

Applicant's Club to Complete this Section

SAC Club Name: _____

If this application is approved the above named club agrees to provide funding to the above named applicant in an amount equal to the SAC Youth Bursary [maximum amount \$500 SAC and \$500 Club – all SAC and Club funding to be for flying costs (tows/glider rental etc.) and not for membership/administrative fees]. All funding must be provided within the calendar year that this application is approved by SAC.

Date: _____

Club Representative's Name (Please Print)

Club Representative's Signature

Position of Club Representative

SAC to Complete this Section

Date: _____

SAC Representative's Name (Please Print)

SAC Representative's Signature

Approved Amt. or Not Approved _____

Please scan and email completed applications to David Collard, SAC Pacific Zone Director at dacollard@telus.net or call him toll free at 1-866-745-1440.