



Swimmer Educational & Financial Data

HIGH SCHOOL COLLEGE UNIVERSITY OTHER

YEAR COMPLETED

WILL YOU BE LIVING AT HOME THIS WINTER SEASON? YES NO

ARE YOU RECEIVING CARDING? PROVINCIAL FEDERAL

HOW MUCH \$

Signature of Applicants

WE HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CONSENT TO THE PUBLICATION OF OUR NAMES AS RECIPIENTS SHOULD WE BE GRANTED THE AWARD.

SWIMMER

SWIMMER PARENT (TO BE SIGNED IN ADDITION TO SWIMMER IF SWIMMER IS A MINOR)

COACH

DATE

THE AWARD COMMITTEE WILL TREAT THE INFORMATION CONTAINED IN THIS APPLICATION AS CONFIDENTIAL.



FORWARD COMPLETED APPLICATION BY OCTOBER 15 TO:

**THE DR. JENO TIHANYI MEMORIAL BURSARY COMMITTEE
C/O SWIMMING CANADA
307 GILMOUR ST
OTTAWA (ONTARIO) K2P 0P7**

Fax: 613-260-0804

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Contact Person: Katie Callon, 613-260-1348, ext. 2000