

## BURSARY FUND APPLICATION

**The Partners in Art Initiative**

**Women's Mental Health Program**

Name \_\_\_\_\_ Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Reason for application:  course  supplies Amount Requested: \_\_\_\_\_

Provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tell us how this course or these supplies can contribute to your learning plan(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please submit this application to:**  
 Partners in Art Initiative  
 Royal Ottawa Mental Health Centre  
 1145 Carling Avenue  
 Ottawa, ON K1Z 7K4

\*\*\*\*\*

**For Office Use Only:**

Has submitted a piece of art for display:  Yes  No

Application Reviewed by: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Approved:  Yes  No Amount Issued: \_\_\_\_\_

If No, reason: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Recipient

\_\_\_\_\_  
 Signature of Committee Member