



Application Form CIF Education and Leisure Fund

The bursary is a maximum of \$400. Applications are selected by random draw.

Winter Draw date: first week of January Summer Draw date: one week after the application deadline

Personal Information				
Name:			Age:	
Address:		Pronouns:		
City:			Postal Code:	
Phone #:	Email:			
Do you have lived experience with:	□ Mental Hea	alth	☐ Substance Use	
Have you received these funds before	e? □ Yes	□ No	If YES, when?	
How did you learn				
about this fund?				
School/Organization Information				
Name:				
Address:				
City:			Postal Code:	
Phone #:	Email:			
Contact Person:				
Course/Program and Student Information				
Course Name:				
Course Description:				
Tuition Fees & Taxes: \$				
Course #:		Student #:		
Start Date*:		End Date:		

Continue to page 2 for Letter of Intent

^{*}Start date must be at least 6-7 weeks after draw date (to allow time for payments to go through)





Letter of Intent CIF Education and Leisure Fund

Why have you chosen this course/program? How would it benefit your wellbeing?		
Tiow would it beliefft your wellbeing.		
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Doos the source /prodram cost ever \$1002		
Does the course/program cost over \$400?	□Yes	□No
If YES, provide an explanation of how the costs exce		

Submit Application Form

Email: Megan.Brummitt@vch.ca

Fax: 604-874-7661 Mail/drop off at:

Attn: Consumer Initiative Fund (CIF)

200-520 W 6^{th} Ave Vancouver, BC V5Z 4H5

Questions?

Megan Brummitt - Coordinator Consumer Initiative Fund

604-730-7675

Megan.Brummitt@vch.ca

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