

**GBCC BURSARY FUND APPLICATION CONFIDENTIAL**

Chorister (s) Name (one form per family) \_\_\_\_\_

Name of Parent(s) &/or Guardian(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years in GBCC: \_\_\_\_\_ **OR** New: \_\_\_\_\_ (check one)

***Bursary funds are applied only to Registration Fees.***

*Families with three or more children in the choir pay NO FEES for the third child. The fee for the child with the **lowest choir level** is the fee exempt from payment.*

Please provide a brief outline of your reason(s) for applying to the GBCC Bursary Fund:

In order to receive bursary funds, **additional volunteer hours** are requested from your family, so that you are supporting the choir in ways other than financial. We are dependent on our volunteers to ensure that our program continues to provide excellent opportunities for our young singers. A police check will be required for some positions.

**Please your acknowledgement of this expectation with your signature** \_\_\_\_\_

**FULL FEES Per Session: 2025/2026: \_\_\_\_\_ (Total for family)**

BURSARY AMOUNT APPLIED FOR: \_\_\_\_\_ (up to 75% of fee is eligible for bursary support)

REMAINING AMOUNT PAYABLE: \_\_\_\_\_

PAYMENT SCHEDULE FOR REMAINDER: (to be completed by parent/guardian)

DATE	AMOUNT	DATE	AMOUNT
Sept 30/25			
Nov 30/25			
Jan 31/26			
Mar 31/26			

***I agree to pay the amounts shown on the dates shown.***

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Please email completed form to: **gbccmanager@gmail.com**

**OR:** Mail this form in a sealed envelope marked **Confidential** to:

*Georgian Bay Children's Choir*

*Attention: Manager*

*P.O. Box 772*

*Owen Sound ON N4K 5W9*

**OR:** Addressed as above & Return to Lise Mitchell (admin) at Rehearsal Attendance Desk

**Office Use Only:**

Approved (date)	Notified	Payment Sheet Prepared

lh 06/25