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 acknowledge that you agree to abide by this expectation with your signature_____

FULL FEES Per Session: 2026/2027: _____(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 30/26			
Nov 30/26			
Jan 31/27			
Mar 31/27			

I agree to pay the above amounts on or before the dates indicated.

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 05/26