



## Kemptville & District Sports Hall of Fame Bursary Program

The Kemptville & District Sports Hall of Fame has been established to recognize and honour those athletes and teams who have achieved outstanding success and have made a significant contribution to the advancement of competitive sport in our community.

To help continue this tradition of quality sport in our community, the selection committee has set up a bursary program to provide financial assistance to deserving young athletes, their teams and their organizations as they strive to achieve their goals. Our support can range from the individual's registration with a team to the highest competition available for an individual or team. These opportunities are limited on a quarterly basis with the committee choosing the most representative candidate at the time of selection.

### Procedure for application:

1. Candidates must be involved in sport in North Grenville and/or reside in the Municipality of North Grenville, and be 17 years of age or younger.
2. Complete the application form and ensure that all supporting material is securely attached to the application form.
3. Provide a resume of personal history and achievements to date in their sport.
4. Outline the specific program/competition for which financial support is needed.

Completed forms and documents may be submitted by one of the following methods:

- **By email** to [kemptvilleshof@gmail.com](mailto:kemptvilleshof@gmail.com)
- **In person** Contact either Cahl Pominville ([pominvillec@gmail.com](mailto:pominvillec@gmail.com)) or Deb Wilson ([debw@ideasandsolutions.ca](mailto:debw@ideasandsolutions.ca)) by email to arrange drop-off.



## Kemptville & District Sports Hall of Fame Bursary Application Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sport: \_\_\_\_\_

### **Reference Information:**

Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Email Address of Reference: \_\_\_\_\_

Phone Number of Reference: \_\_\_\_\_

Please securely attach all supporting documents to this form and submit by one of the outlined methods.