



Katherine Aird Hamilton Bursary Application

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 hcfg]b h Yf'dfcZgg]cbU Xyj Ycda Ybh' Hc Udd'nžcf Z bX]b[žd'YUgYWa d'YHh YZc`ck]b['
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Applicant's name: _____

Home Address: _____

Phone: _____ Fax: _____ E-mail: _____

Employing literacy program: _____

Years involved in literacy instruction: _____

Please answer the following questions. Attach responses with this form.

1. What would you like to study?
(Describe the course, institute, or mentorship opportunity.)
2. What are your experiences or interests related to the area of study?
3. How will the community benefit from your study?
(e.g. newsletter, workshop, mentorship, peer coaching, etc.)
4. What costs do you need to cover? Please show the complete cost of the program, and how the scholarship award will help you participate.
(e.g. use for travel, materials, registration, etc.)

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