



# Hou Tack Chuen Memorial Bursary Fund Application Form

**Deadline Date: October 1, 2008**

1. Applicants must be a B.C. resident and be 22 years of age or under (*as of September 1<sup>st</sup>, 2008*). Applicants must participate in at least two classes in the Senior or Open Piano Division and attain a minimum mark of 80% in at least one class entered. (*see bursary eligibility for details*)
2. Parent or guardian must complete this application if applicant is less than 19 years of age.
3. As well as submitting this completed application, **three (3) letters** must also be submitted:
  - 1) A letter from the applicant expressing the reasons they wish to be considered for this bursary and specifically what the bursary would be used for.
  - 2) A letter from the **applicant's piano teacher** giving an assessment of the applicant's development and making reference to the applicant's musical contributions and achievements.
  - 3) A letter from **another professional** who is familiar with the applicant's character and musical background (*no relatives*).
4. **Only those applications that are fully complete with the three letters requested above will be considered.**
5. **Applications must be received by mail and postmarked on or before the deadline date to:**

RMFS Bursary Applications  
Suite 283  
186-8120 No. 2 Road  
Richmond, B.C. V7C 5J8

**Applicant's Personal Information (please print):**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City/Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b> ( <i>if applicable</i> )	<b>Email:</b> ( <i>if applicable</i> )
<b>Date of Birth:</b> ____D/____M/____Y	<b>Social Insurance Number:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single	<b>Number of Dependents:</b> <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more	<b>Citizenship:</b> <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant Status
		<b>Occupation:</b>

**Guardian's Personal Information (please print):**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>City/Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Occupation:</b>



